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ABSTRACT

The project was designed to determine the feasibility of having a vocational technical adult education (VTAE) district provide continuing education inservice training for health care facilities using videotape equipment so that employees could gain knowledge and skills without leaving the facility or having to involve time outside the normal working hours. The project was conducted using staff members from the Lakeshore Technical Institute (Wisconsin) to provide instruction, and the employees of the Sheboygan County Comprehensive Health Center (Wisconsin) as recipients of the instruction. Ten hours of continuing education inservice training were provided for each employee in five 2-hour modules. A total of 13 modules was produced--one common module in communications in addition to four modules in each of the areas of dietary, housekeeping-janitorial, and nursing care services. The project staff concluded that this type of continuing education inservice utilizing the videotape is viable and should therefore be recommended to other nursing homes and small hospitals. This report provides a full description of the project which covers evaluation, limitations, future plans, and recommendations. The appendixes cover the majority of the document and include the video orientation script, list of topics for nursing homes, study guide used in the inservice program, TV instructor preproduction considerations, a newspaper article, employees enrolled, guidelines for operating inservice continuous education programs, conference reports, and correspondence. (HD)

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FINAL REPORT

Project No. 11-029-151-226-A

DEVELOPMENT OF MODEL SYSTEMATIC TRILATERAL APPROACH TO PROVIDE CONTINUING EDUCATION FOR NURSING HOME AND SMALL HOSPITAL PERSONNEL

by

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ABSTRACT

This project was designed to determine the feasibility of having the VTAE System provide continuing education inservice training utilizing videotape equipment so that employees could gain knowledge and skills without leaving the facility or having to involve time outside the normal working hours.

The procedure as outlined in the report was shown to be a feasible way of providing such training for employees of such an institution. In addition to the information presented to support this statement, the major evidence is the fact that the Lakeshore District and the Sheboygan County Comprehensive Health Center have tentatively agreed to continue the inservice training during 1976-77 even though the project has been completed and no other funds are forthcoming.

DESCRIPTION OF PROBLEM

A number of nursing homes and small hospitals in the Lakeshore VTAE District do not have an inservice on their staff due to either insufficient size and resources of the facility to provide the funding for a full-time inservice educator or the difficulty in locating such a qualified person for the position. These health facilities have expressed a strong interest in the development of a systematic plan for bringing units of continuing education instruction to their employees in an effort to keep employees' skills and knowledge current.

The state regulations for nursing homes include a one-hour-per-month provision for inservice training. This provision must be met or the nursing home loses certain benefits.

A constant problem is how to bring the inservice to the second and third shift employees. Several attempts had been made to have such employees involved in the inservice. These included:

1. having employees come in during off duty time;
2. having presentations offered several times; and
3. having supervisor give synopsis.

The attempts, while a step in the right direction, were still not satisfactory. Labor contracts with minimum hours for additional time specified for time spent at the facility not continuing the shift hours made the attempts very costly as well.

All of this left administrators with the problem of formulating a more effective and efficient procedure for upgrading the skills and knowledge of present employees.

PROJECT OBJECTIVES

The specific goal of the project was to develop a systematic plan for providing updating and refresher-type instruction to nursing home and small hospital employees in several areas:

1. Dietary services;
2. Janitorial-housekeeping services;
3. Nursing care services (Because of an agreement between the University and VTAE Systems, no training oriented specifically to the R.N. was included.); and
4. General areas such as communications.

The four specific objectives of the project were to:

1. determine the feasibility of a VTAE district to provide such training for health care facilities.
2. produce modules suitable for inservice continuing education in the three areas:
   a. Dietary.
   b. Housekeeping-janitorial.
   c. Nursing care below the practical nurse level.
3. develop a delivery system that will allow for in-facility inservice continuing education.
4. develop a system that will provide inservice continuing education in facilities that could not provide the required minimum number of students in one area alone.

SCOPE OF PROJECT

The project was conducted utilizing staff members from the Lakeshore Technical Institute. The staff members included the project director, a supervisor in each of the three areas, an instructor in each of the three areas and a communications instructor. The employees of the Sheboygan County Comprehensive Health Center were involved and were recipients of the instruction. The staff members included the administrator, a supervisor in each of the three areas, 14 dietary service employees, 14 housekeeping-janitorial service employees and 71 nursing care service employees (below the R.N. level).

The project provided ten hours of continuing education inservice training for each employee. This was provided in five two-hour modules. A total of 13 modules were produced, one common module in communications in addition to four modules in each of the areas; dietary, housekeeping-janitorial and nursing care services.

FACILITIES AND EQUIPMENT UTILIZED IN THE PROJECT

Lakeshore Technical Institute TV studio facilities were used in the taping of the modules. Likewise, its word processing and duplication equipment were used in producing the study guides and other printed material.

An audiovisual room at the Sheboygan County Comprehensive Health Center was utilized as the center of instruction. It provided a space for the video playback unit; seating for employees, etc.; viewing the tapes; and conferences. Other conference rooms were also utilized for viewing and having conferences.

A 12" video monitor and a video playback unit served as the backbone of the instruction. These were mounted on a cart so that they could be wheeled easily from one location to another for viewing convenience.

PERSONNEL INVOLVED IN PLANNING AND INSTRUCTION

Lakeshore Technical Institute:

1. Marvin A. Schrader, Curriculum Specialist--served as project director and main contact person from institution.
2. George Gruber, Health Occupations Supervisor--served as health care services contact person and supervisor of health care services instructor.
3. Antoinette Pontar, Home Economics Supervisor--served as dietary contact person and supervisor of the dietary instructor.
4. George Zimmerman, Trade and Industry Coordinator--served as housekeeping-janitorial contact person.
5. Vicki Jensen, part-time nursing instructor--served as nursing care services instructor.
6. Karin Pokorski, part-time instructor in food services--served as dietary instructor.
7. Kenneth Schrimpf, instructor in housekeeping-janitorial services project--served as housekeeping-janitorial instructor.
8. Glen Morgan, speech and communications instructor--served as communications module instructor.

Sheboygan County Comprehensive Health Center:

1. John Van Der Male, Administrator--served as project coordinator at the facility.
2. Donald Diener, Housekeeping, Janitorial and Maintenance Supervisor--served as housekeeping-janitorial services coordinator at the facility.
3. Margaret Hoffman, Food Service Supervisor--served as dietary services coordinator at the facility.
4. Mary Van Loon, Nursing Services Supervisor--served as nursing care services coordinator at the facility.

METHODOLOGY

Continuing education inservice training was provided to the health care facility employees through a modular format that included a videotape presentation, a study guide and a self-test. The module was available to the employee at the facility for a period of one month. An instructor was available for a conference at the facility once each month.

PREPARATION FOR, AND INTRODUCTION OF, PROJECT

Several meetings between project staff members of both the Lakeshore District and the Sheboygan County Comprehensive Health Center were held prior to the beginning of the instruction. Items discussed included orientation, topics and content, format, equipment and facility needs, contact persons and implementation procedures.

An outgrowth was the preparation of a videotape that was utilized in the orientation of the Center's employees to the project and the procedures. The content of the tape particularly emphasized the importance of the continuing education and the support by the Center's management staff. (See Appendix A for script for project director.)

An orientation session for the employees in each service area was conducted by the respective service area supervisor. The orientation videotape provided the basis for the discussion concerning the project.

SELECTION OF TOPICS FOR MODULES

A survey of topics considered to be important was conducted by the project staff. (See Appendix B.) The Lakeshore District's supervisor and instructor and the Center's supervisor selected the topic areas to be included in the project.

In addition to selecting the topic, they also discussed the content and level of presentation so as to meet the background level and needs of the employees. Additional refinements were made as a result of further instructor-supervisor and instructor-employee discussions.

PRODUCTION OF MODULE

Modules were produced by the instructors. The basis for the level and type of presentation was determined by the instructor through discussions with the Center personnel and the availability of visuals and outside personnel.

All modules were produced for an average instructional time of two hours per module. This included the viewing time, time spent in reading and completing items on study guide, time required to complete the self-test, time needed to fill in the feedback form and average conference time.

Each module incorporated the following:

1. TV cassette presentation--these were from 25-60 minutes in length. At first, single programs were used for the entire period. Later, several programs were produced for each module so that employees could easily view the module in 30-minute time segments. (One cassette is included in project materials.)

2. Study guide--Each study guide included:

    a. specific objectives for module;

    b. information;

    c. items for active student participation;

    d. self-test; and

    e. feedback form.

(A copy of each study produced is included in Appendix C.)

ORIENTATION AND TRAINING OF INSTRUCTORS

The instructors were already instructors in other current programs conducted at Lakeshore Technical Institute. Therefore, they were already familiar with the services available to them. However, the emphasis in the project was to be heavy in the television instruction in which none had had experience.

The instructors attended a session conducted jointly by Charles Ma, LTI Media Specialist, and Marvin Schrader, LTI Curriculum Specialist. (See Appendix D for the handout that indicates areas of instruction given.)

In order to establish background knowledge of the Center's facilities, mission and operation, the instructors visited the Center. During this visit, they held a discussion with the supervisor and were escorted on a tour of the facility. During this visit, they also had an opportunity to observe the type of equipment used and the duties of the various personnel in their particular area of instructional responsibility.

During the project, the instructors' productions were evaluated and suggestions for the improvement of effectiveness were given. Some of these included stage presentation, use of visuals and script and study guide writing.

INSTRUCTIONAL TIME AND SEQUENCING

Although each employee was given two hours credit for being involved in the module, the actual way the time was scheduled was different for each group of employees.

1. Dietary--One half of the dietary employees viewed the videotape at a sitting. This was done because of the small size of the group and the need for certain tasks to have some personnel available at all times.

   The instructor-employee conferences were conducted in the same manner. All employees were able to be in attendance at an instructor-employee conference.

2. Housekeeping-janitorial--All employees in this group were able to view the videotape and to participate in the instructor-employee conference as a group. This was possible because of the small size of the group and the nature of the tasks performed.

3. Nursing Care--Employees in this group viewed the videotape whenever and wherever their schedules would allow. At many instances, the employees viewed the videotape as individuals at a ward station. Because of this, it required a longer time period for all employees to view it.

Five modules for each of the three service areas at the Center were incorporated. However, the first one contained the same videotape presentation. Therefore, a total of thirteen modules was actually made available to the Center employees during the five-month period.

A new module was delivered to the Center by the second of each month beginning with February. The last one was delivered for use during June.

The instructor-employee conferences were arranged between the instructor and the Center's supervisor and held at a time by which the employees had viewed the videotape presentation and completed the self-test.

COST TO HEALTH CARE FACILITY

The project was considered to be similar to that of any other continuing education course. Therefore, the charge for tuition was the same. Each area (dietary, housekeeping-janitorial and nursing care services) was given a course number and was set up for ten hours of instruction.

The tuition cost per student during 1975-76 was $5 for a ten-hour course. The administration of the Center agreed to enroll 100 employees in the project. Therefore, the total cost to the Center was $500.

The indirect costs to the Center are difficult to determine but include such items as:

1. job time lost by employees as they are viewing the videotape, etc.;
2. job time lost by supervisors as they particpate in discussions with the educational facility personnel; and
3. costs involved in utilizing the video equipment.

VERIFICATION OF INSERVICE TIME

Verification of the time spent in inservice is very important to nursing homes. The requirement as set forth in the state regulations is one hour per month. For this purpose, some evidence of attendance is required. The administrator of the Center solved the problem through the use of an attendance sheet which was signed when the employee viewed the videotape and obtained the study guide. The supervisor also recorded the names of employees present at the instructor-employee conference.

The evidence of attendance thus included the employee's signature, the name of the instructor-employee conference and the completed self-test and feedback form.

In order to simplify the reporting procedure, each employee was given a certificate of completion which listed the course title and number and the number of hours. A duplicate of this was given to the Center for placement in the employee's personnel file.

EVALUATION OF PROJECT

1. Mode of Presentation--The mode of presentation was found to be very satisfactory.
    a. The videotape equipment operation caused almost no problems among the employees. Staff members learned to operate the equipment very readily.
    b. The videotape equipment was very durable under the continued use by the 100 employees. It was out of service for only five days during the five-month period.
    c. The movability of videotape equipment was appreciated by the nursing care services personnel as they could view the tapes during slack times and still be available for emergencies or for answering questions for other employees on the wards. This was particularly true for the employees on the third shift when a smaller number of employees is on duty.

2. Format--The format was found to be very satisfactory although some parts were not equally satisfactory for all three areas.

    a. The specific objectives helped to clarify and identify the parameters of the instruction.

    b. The videotape presentations were found to be satisfactory for the background and level of most employees.

    c. The study guide for the first several modules included a number of blank spaces which were completed by the employee as the employee viewed the videotape presentation. Difficulties were encountered in concentration because of the back and forth movement of the videotape required by some employees as they tried to obtain the information to complete the blanks. In later tapes, more groupings of blank spaces were included and the employee completed the blanks while the equipment was stopped. This was found to be more acceptable to the employees.

    d. The self-tests were utilized by the instructors to determine the level of understanding of the employees. Incorrect answers served as a basis for discussions during the instructor-employee conferences.

        A concern was expressed that the results might be used in the promotion of employees. Even though the management of the Center had decided that the scores on the self-tests would not be kept in any employee's file, this point had to be reiterated a number of times before the employees accepted the statement as fact.

        To help this situation, the instructor did not forward a copy of the employee's scores to the supervisor. This was communicated to the employee as well.

        On the other hand, concern was expressed that employees were not applying maximum efforts in assimilating the information and skills contained in the module. Discussions brought out that this was not an uncommon occurrence during other types of inservice programs. The emphasis in the inservice is to upgrade the information and skills of persons already employed in the position and not to be used primarily as a promotion selection tool or to give information and skills needed by another level. For these reasons, the decision was made to continue the policy of not giving grades.

e. The instructor-employee conference had a high rating of importance. It was felt that it served several purposes which made the total program acceptable to employees.

1. The conference provided a face-to-face contact between the instructor and the employees which helped to establish a rapport between them. Compliments and criticisms as well as worthwhile suggestions were freely exchanged according to information received from the supervisors and instructors.

2. The conference provided an opportunity to answer questions and clarify points presented in the instruction. In addition, the conference provided an opportunity to relate the topic of the module to the specific facility's operation as well as answer specific questions relating the operation to the information, skill and/or procedure.

3. The conference provided an opportunity for the instructor to gain insights into the level of presentation. The instructors' questions prompted employee responses which gave an indication of their backgrounds, interests and needs.

Because of the difficulty of getting the nursing care services personnel together because of the inherent nature of their duties, several changes were tried. The first was to have the session audiotaped and then have the individual employee listen to the tape during a slack period. This proved to be less than desirable because the employee did not like to listen to questions, answers and discussions in which the employee could not participate.

A second attempt was to have the instructor hold a number of conferences, one at each of the wards. While this was somewhat satisfactory, still all employees could not be included.

This concern will continue to be studied during the next year in an effort to develop a satisfactory instructor-employee conference arrangement for the nursing care services group.

3. Modules--The modules were evaluated by the employees using a feedback form which was included at the end of each study guide. These were completed and handed to the supervisor who forwarded them to the instructor. The employee completing the feedback form remained anonymous. They were

also told that the purpose of the responses was to produce better modules in the future and not for evaluation of the instructor.

The form was arranged so that one of three responses was possible with a point value of 3, 2 and 1 assigned.

a. How worthwhile was the lesson--On a 3-point scale from Worthwhile-Okay-Useless, the mean of the responses was 2.42 with an equal number indicating "worthwhile" as "okay." This indicates that the discussions brought about a worthwhile module for meeting the needs of the employees.

b. How suitable was the length of the module--On a similar 3-point scale from Too Long-About Right-Too Short, the mean of the responses was 2.02 with 98 percent responding "About Right." This indicates that two 25 to 30 minute segments are preferred by the employees.

c. How useful was the study guide-The mean of the responses was 2.22 on the 3-point scale of Useful-Okay-Of Little Use. This indicates that a simple study guide which summarizes the points presented in the videotape and has limited blanks for the employee to complete is useful to the employee.

d. Was the difficulty appropriate to the employee's job and background-The mean for this question was 1.92 based on the 3-point scale of Too Difficult-About Right-Too Easy. This indicates that the lesson difficulty should remain similar to the modules produced with some greater expectation as to the employees backgrounds and level of comprehension permissible.

Three examples of employee interest are cited below:

1. Mr. Van Der Male reported that he had overheard a lively discussion concerning a lesson point by the employees during their lunch period.

2. Mr. Denor commented that his group of employees is functioning better as a team and communicating better among themselves.

3. An instructor reported that there was a controversy over a comment made by the instructor regarding the interpretation of a regulation. This brought about further scrutiny of the regulation by both the instructor and the employees.

LIMITATIONS

The modules produced were designed to be useful to the type of institution rather than to the specific institution. This caused a concern that the employees would learn procedures that were not utilized at the facility and would become frustrated or question the supervisor's judgment in the selection of a method other than that in the module.

While this is viewed as a limitation, it is no more so than many of the one-time inservice presentations so often provided for employees. Nevertheless, it is a limitation.

Another major limitation was the difficulty encountered in providing instructor-employee interaction for the third shift. No satisfactory way was found to overcome this limitation.

DISSEMINATION OF PROJECT INFORMATION

An article describing the project, its purpose and its operation appeared in the Sheboygan Press on June 10, 1976. (See Appendix E.) This newspaper has widespread readership in Sheboygan County.

In addition to information concerning the project, the article included an invitation for other interested persons to contact the LTI project personnel and/or to visit the Sheboygan County Comprehensive Health Center.

A presentation of project operations and results as well as proposals for 1976-77 participation was made to nursing home and small hospital administrators on July 28, 1976. Involved in the presentation were LTI project staff and the management staff of the Center.

FUTURE PLANS

As a result of the success of the project in meeting the need for continuing education inservice training at the Center, budgetary provisions were made to provide the service in the same three service areas to four institutions during the 1976-77 year.

Options were arranged so that institutions could combine their own specifically oriented inservice program with those offered by LTI. Those offered were a six-hour course, a ten-hour course or some combination.

There would be a requirement that the institution provide its own video playback equipment. Arrangements have been made so that an institution could purchase its own or rent one from LTI.

As of this report, four institutions have made tentative commitments to participate. They are:

1. Sheboygan County Comprehensive Health Center;
2. Rocky Knoll;
3. Sunny Ridge Nursing Home; and
4. Heritage Nursing Home.

Lakeshore District supervisors are now making the necessary plans for the conduct of such a program during 1976-77.

RECOMMENDATIONS

The project staff concluded that this type of continuing education inservice training utilizing the videotape is viable and should, therefore, be recommended to other nursing homes and small hospitals. It is further recommended that little change, if any, in procedures be made.

Because of difficulties encountered in scheduling instructor-employee conferences for third shift employees particularly in the nursing care services, however, it is recommended that both VTAE staff members and institutional management personnel continue to study this problem in order to develop a satisfactory solution.

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Appendix A

Videotape Orientation Script
for
N.H. and H. Inservice Education

Hello, I am Mr. Marvin Schrader, Curriculum Specialist for the Lakeshore Technical Institute whose campus is located at Cleveland, Wisconsin.

You are participants in a pilot project designed to provide In-house Continuing Education to you, the employees of the Sheboygan County Comprehensive Health Center. This education will be provided through the services of instructors of the Lakeshore Technical Institute and with full application of the resources of Lakeshore Technical Institute towards providing the best in this education process.

This inservice education is directed to three categories of health service employees -- the dietary service, the housekeeping service, and the nursing service employee. You, as an employee of the Sheboygan County Comprehensive Health Center, belong to one of these services and you will be introduced to an instructor specifically assigned to your service later on in this videotape.

Your instructor will present the assigned lesson to you in the form of a videomodule. This videomodule will be prepared in videotape cassette form by the instructor in the television studios of the Lakeshore Technical Institute. This videotape will be similar to the one you are viewing now but longer in playing time (approximately 60 minutes). A videotape module lesson will be delivered to your institution once a month beginning February 2, 1976.

This one-hour videotape cassette will be kept in a designated area along with the video playback unit you are viewing me on right now. Your administrator, Mr. Van der Mal will be appearing on this screen a bit later on and at that time he will explain where the video cassettes and playback unit are to be located in your institution and how you will have access to it so that you may use it from time to time.

Let me assure you at this time that the video cassette module will be available to you for an entire month so you will have plenty of opportunities to view it. You should also be aware that you can and should watch the videotape presentation more than once if you choose to refresh yourself and reinforce some portion of the instructional material.

Your instructor will also on occasion leave printed material and references with your department head or supervisor to distribute to you. These will supplement the instructional presentation on the videotape. The instructor will refer to that hand-out material during the course of the videotape lesson, so be sure to read it and correlate it with what you see on the screen.

Occasionally, too, the instructor may refer to book references. These books may be available at your institution, the instructor may leave a copy or two on loan to your institution for the month, or they may be available at your community or Lakeshore Technical Institute Library. Of course, you are welcome to utilize the Lakeshore Technical Institute, Cleveland campus library which is open Mondays through Thursday from 7:30 a.m. to 8:00 p.m. and on Fridays from 7:30 a.m. to 4:00 p.m. You can withdraw books from the Lakeshore Technical Institute's library as easily as our own students can.

The instructors will have written examinations for your lessons. The purpose is to help the instructor determine how the lesson material is being absorbed by the students and also to give you a guideline as to your own progress.

Once a month, at a designated time, the instructor will visit your institution to spend one hour with you in conference and discussion on the month's video lesson. Your instructor later on in this videotape will designate the day of the month and the time of the visitation. If you are unable to be present during the visitation, due to duties or conflicts of work shift, a tape will be made of the conference and will be available to you for your listening convenience in the same location as the video playback unit. Several cassette players will be available with phone jacks to allow convenient listening.

The subjects that have been selected for the lessons are the results of conferences between your department supervisor and instructor as to your needs and interests. You, yourself, can feed in suggestions for future topics as you meet with your instructor because, hopefully, after this pilot program is completed we plan to continue this program of inservice education for employees in not only your institution but several other hospitals and nursing homes in Manitowoc and Sheboygan County that have expressed a strong interest and desire for this type of educational service.

The successes and problems stemming from this pilot program will have an important influence on our expansion of this service to a regularly offered program. Consequently, your opinions and observations will be sought and carefully weighed in the summation of this projects progress and efficiency.

Your institution views this project as an important educational service for you. Its importance is expressed by the fact that the Comprehensive Health Planning Center is paying all the course fees for one hundred employees. You in turn can demonstrate your interest in this evaluation by the degree of involvement in the educational process that you contribute through the next five months.

Now may I demonstrate to you the chances in which you can utilize this playback unit and the ease in which you, yourself, can avail yourself of the videotape lesson. You will readily see that the cassette is easily placed in the videotape playback unit and the operation of the video playback unit is a simple matter allowing you to quickly start the videotape lesson and view it with a minimum of effort.

Appendix B

CONTINUING EDUCATION INSERVICE TOPICS

General

1. Communication with others
2. Basic Psychology and Human Relations
3. O.S.H.A. Regulations
4. Building Safety

Dietary

1. Food Handler
2. Procuring and Storing Food
3. Hot and Cold Food Preparation, Serving and Storing
4. Micro-World
5. Pest Control
6. Nutrition
7. Diet Modification
8. Sanitation and Health
9. Safe Food Environment
10. Metric System
11. Rules and Regulations Related to Food Handling

Housekeeping - Janitorial

1. Custodial Facilities and Cleaning Cart
2. Floor Care
3. Carpet Care
4. Window and Glass Cleaning
5. Furniture Cleaning
6. Cleaning Bathrooms, Showers, and Locker Rooms
7. Germicides
8. Mixing Solutions
9. Security and Watchman Duties
10. Scheduling Cleaning Activities
11. Preventive Maintenance

Nursing Care

1. Body Mechanics
2. Isolation Techniques
3. Skin Care
4. Cancer Patient Care
5. Urinary Infection Patient Care
6. Recording Fluid Intake and Elimination
7. Patient Restraints
8. Oral Hygiene
9. Confusion and the Elderly
10. Diabetes Patient Care
11. Infection Control

APPENDIX C

MODULES PRODUCED AND AVAILABLE

General Module

Communicating with Fellow Workers

Housekeeping-Janitorial Modules

Job Descriptions - Scheduling, Equipment, Frequency
Preventive Maintenance - Where Does it All Begin
Working with Housekeeping Chemicals
Improving Housekeeping Performance Factors

Nursing Care Modules

Infection Control and You
The Arts of Oral Hygiene
What is Diabetes
Confusion and the Elderly

Dietary Modules

Safe Food and Food Handling
Freeloaders
Basic Nutrients
Let's Talk Meats

8/76

STUDY GUIDE - JANITORIAL, HOUSEKEEPING, & MAINTENANCE

for

COMMUNICATING WITH FELLOW WORKERS

Dear Employee of the Sheboygan County Comprehensive Health Center.

This unit, "Communicating With Fellow Employees", consists of two parts; the video tape and the written materials. The video tape has the information, while the written materials are to help you in learning to communicate more effectively.

I would like to help you by asking you first to read the objectives, which will tell you what you will be able to do because you participated in this lesson.

OBJECTIVES:

After you have finished the unit you will be able to:

1. Explain the importance of good communication in the Health Care Center.
2. Explain and give examples of three factors necessary for good communication.
3. Explain the importance of having the words and body actions say the same message.
4. Attempt more effective communication by using the ideas presented in this unit.

Now you are ready to fill in the blank spaces in the Study Guide. The summaries, blanks, etc. follow the information as given on the tape. So...turn on the tape player. View the information on the screen and fill in the blanks as you are watching and listening.

If it is going too fast or if you didn't get a point, stop the machine, rewind a little way, and play it again. Do this as often as you wish.

When finished with the tape and the Study Guide, you are ready to complete the test. When you have finished the test tear it from the rest of the pages and give it to your supervisor. If you have other questions or comments give them to your supervisor too.

NOW, TURN ON THE TAPE AND TURN TO THE NEXT PAGE AND BEGIN.

I. Listening

The answer to Mr. Morgan's question, "How old is the elevator operator?"

is _______.

Here are ten ways in which I can improve my listening ability:

1. I have to be ______________ in what is being talked about.
2. I have to judge the ___________ and not who is saying it.
3. I have to let the man __________ saying what he wants to say.
4. I have to see what the message has in it for _______.
5. I have to ____________ my thoughts.
6. I have to concentrate; listening is _____________.
7. I have to fight off ________________.
8. I have to __________ to challenging material.
9. I have to __________ emotional words.
10. I have to remember to ___________ to the speaker even though I know he speaks slower than I can listen.

As Mr. Morgan goes back through the ten ways of how to improve my listening, follow the summary below:

1. Be interested
2. Judge the content
3. Don't judge until the speaker is finished
4. What is in it for me
5. Organize my thoughts
6. Concentrate
7. Fight off distractions
8. Look for challenging material
9. Forget emotional words
10. Don't daydream

IV. Bodily Communication

When talking to someone, I give the person nonverbal messages by my actions and he/she gives me messages through his/her actions. These are called

______________________.

When speaking or listening, I should watch my:

1. _______________ -- look at the person.
2. _______________ -- stand or sit up straight.
3. _______________ -- carry myself well.
4. _______________ -- be friendly, not sour.

Review the questions asked by Mr. Morgan. Write your answers below:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

II. Oral Communication with Others and my Supervisor

With Others:

1. I must like _________. I must be willing to help.
2. I must not talk too ________ or too ________.
3. I must learn to listen to others ________ the ten ways of improving my listening that Mr. Morgan gave me.
4. I must _______ others tell me what they think.
5. I must learn a little charm. I must remember to watch my personal hygiene.
6. I must not talk too ________.
7. I must give other _______ contact.
8. I must care about what others say.
9. I must talk whenever I get the chance.
10. I must not give the impression that I am always correct.

With my Supervisor:

1. I must give him my respect.
2. I must pay attention and ask questions.
3. I must stay on the subject.

- - - - - - - - - - - - - - - - -

III. How I should Deal with Difficult People

I should:

1. Let the person tell me the __________.
2. Try to understand the problem.
3. Not criticize him or his actions.
4. Repeat the problem as I understand it.
5. Take action and try to solve the problem or get a person who can solve it.

UNIT TEST - JANITORIAL, HOUSEKEEPING, & MAINTENANCE

for

COMMUNICATING WITH FELLOW WORKERS

Please tear off these pages and give them to your supervisor when you have answered each of the questions. Remember you will not be graded on how many you have correct.

Write True or False in front of each statement.

_____ 1. Listening means that I understand the message.

_____ 2. I have to be intelligent to be a good listener.

_____ 3. When communicating, it is important to judge the speaker and not what he/she is saying.

_____ 4. I should not butt in when soneone else is speaking.

_____ 5. When talking with my supervisor, I must give him my attention and ask him questions if I don't understand.

_____ 6. Even though I don't understand the directions fully, I should do it anyway so I won't look stupid.

_____ 7. When I speak to someone, I give action messages also.

_____ 8. When an upset person is talking to me, I should repeat what his problem is to him in order to better understand his problem.

_____ 9. It is difficult to communicate if one person is daydreaming.

_____ 10. Good communication takes place when two people are talking to each other and they understand what each is talking about.

Circle the one best answer for each of the following statements.

1. If I notice that my fellow worker is having a difficult time trying to get a particular piece of equipment to work I should:
   a. Let him do for himself because he has to learn sooner or later.
   b. See if I can be of assistance.
   c. Tell my supervisor how dumb he is.

2. If I am being told by my supervisor how to replace the vacuum cleaner brush easier, I should:
   a. Listen because it probably will save me time.
   b. Don't listen because he is a supervisor and doesn't know the job as well as I do.
   c. Tell him about another problem while he is showing me how to change the brush.

3. "I should not really talk to people in other departments because I'm in maintenance and their jobs have little to do with what I do." This statement is
    a. True
    b. False
    c. Not sure

4. If I notice that something is spilled on the floor as I am about to go home, I would
    a. Ignore it because my shift is over.
    b. Clean it up myself for the safety of others, even though I am not on duty.
    c. Tell someone else in my department to clean it up.

FEEDBACK

I am interested in your reactions to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings, or by filling in the blank.

1. The lesson was: worthwhile okay useless

2. The lesson was: too long about right too short

3. The study guide was: useful okay of little use

4. The lesson was: too difficult about right too easy

5. One thing that I did not like about the lesson was: ____________________

____

6. One thing that I liked best about the lesson was: ____________________

____

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, Project Director
Ken Schrimpf, Janitorial, Housekeeping,
& Maintenance Instructor

STUDY GUIDE-JANITORIAL, HOUSEKEEPING AND MAINTENANCE

for

JOB DESCRIPTIONS-SCHEDULING-EQUIPMENT-FREQUENCY

Listed below are the objectives for this unit. Please read them carefully before you turn on the tape.

OBJECTIVES:

I. Storage Closet and Equipment Cart

1. Describe the characteristics of the following for use in providing the greatest efficiency in cleaning:

   a. storage closet
   b. equipment cart

II. Job Description

1. To explain specific job procedures and responsibilities in the assigned areas:

   a. lobby and entrance areas
   b. corridor and stairway areas
   c. toilet, locker and shower areas
   d. kitchen and cafeteria areas
   e. office, lounge and clinic areas
   f. miscellaneous interior areas

2. To describe the types of cleaning procedures included.

III. Scheduling

1. To explain the importance of a frequency chart in the cleaning and maintenance program.

2. To explain the principles used in developing a frequency chart for a cleaning and maintenance program.

IV. Equipment

1. Identify and select the necessary equipment for each cleaning area listed in number II above.

2. Explain the importance of safety while:

   a. using the equipment
   b. cleaning and caring for the equipment
   c. storing the equipment.

V. Cleaning and Frequency of Cleaning

1. To explain principles used to determine how clean the area is to be kept.

2. To demonstrate how to determine how much space and equipment there is to clean.

3. To explain the factors used to determine what methods will be employed to clean the area.

STUDY GUIDE

What three skills of communication will be identified with this program:

In the list below, underline the three skills listed.

Observing Listening Thinking Talking Reading Writing

STORAGE CLOSET:

The requirements for a good layout and operation of an ideal custodial closet are:

1. ________________ for small containers, case goods and handtools.

2. __________ __________ for hanging mops, brooms, and other cleaning tools with handles.

3. A _______________ for vacuum attachments, hoses, wands, etc.

4. A ___________ ____________ for cleaning of equipment, washing hands and other uses.

CUSTODIAN CLEANING CART:

The purpose of the cleaning cart is to provide extra storage for the custodian, and to eliminate frequent trips between work and storage areas.

The cart should be used to help you transfer proper ___________ and ____________ for cleaning procedures in your area.

JOB DESCRIPTIONS AND FREQUENCY DATA:

I will read the job description for each area to be cleaned. Now take your frequency booklet and check off the frequency of each cleaning frequency. Only daily-weekly-and-as required frequencies will be introduced in this program. Other frequencies will usually be provided by your supervisor.

DESCRIPTION:

1. Room cleaning -- check frequency data.
2. Lobby and entrance cleaning -- check frequency data.
3. Corridor and stairway cleaning -- check frequency data.
4. Toilet, locker and shower room cleaning -- check frequency data.
5. Kitchen and cafeteria cleaning -- check frequency data.
6. Lunchroom cleaning

Skip Handout No. 7, 8.

9. Office, Lounge and Clinic cleaning -- check frequency data.
10. Miscellaneous interior cleaning -- check frequency data.
11. Miscellaneous interior cleaning -- check frequency data.
12. Miscellaneous exterior -- check frequency data.

PLEASE REWIND THE VIDEO-TAPE BEFORE REMOVING IT FROM THE MACHINE.

UNIT TEST

Job Descriptions, Scheduling, Equipment & Frequency

PLEASE ANSWER THESE TRUE AND FALSE QUESTIONS: T FOR TRUE; F FOR FALSE.

1. _____ Horizontal surfaces are dusted every day.
2. _____ Vertical surfaces are dusted every day.
3. _____ We can use a ladder or step stool for daily dusting.
4. _____ When spot cleaning we must observe all surfaces.
5. _____ We do not have to dust before damp wiping.
6. _____ Any surface we damp wipe, we have to dry.
7. _____ Damp mopping and wetting mopping are the same procedure.
8. _____ All floors must be vacuumed or wet mopped at least once a week.
9. _____ Bathroom floors must be wet mopped daily.
10. _____ If you know the job description of your area, you should know the cleaning procedures to use to keep your area clean.

FEEDBACK

I am interested in your reactions to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings, or by filling in the blank.

1. The lesson was: worthwhile okay useless
2. The lesson was: too long about right too short
3. The study guide was: useful okay of little use
4. The lesson was: too difficult about right too easy
5. One thing that I did not like about the lesson was: ____________________

   ____

6. One thing that I liked best about the lesson was: ____________________

   ____

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, Project Director
Ken Schrimpf, Janitorial, Housekeeping,
& Maintenance Instructor

STUDY GUIDE

FOR

PREVENTIVE MAINTENANCE
WHERE DOES IT ALL BEGIN?

Objectives

(A) To explain the importance of using all six communication skills in the maintenance department.

(B) To value a good preventive maintenance program.

(C) To identify the categories of maintenance to make a preventive maintenance program run more smoothly.

(D) To observe and correct equipment repairs in their preventive maintenance program.

I. Communications in the maintenance department effectively using the six skills of communication in the maintenance department.

II. Purpose of a preventive maintenance program.

III. Preventive maintenance: Where does it begin?

A. Question I What is maintenance?

B. Question II Is maintenance expensive?

C. Question III Is maintenance necessary?

D. Question IV Is there more than one type of maintenance?

Define:

(1) Preventive Maintenance

(2) Corrective Maintenance

E. Question V Who's responsible for preventive maintenance?

IV. Types of preventive maintenance
    A. Normal maintenance
    B. Scheduled maintenance
    C. Preventive maintenance
    D. Complaints leading to maintenance
V. Maintenance equipment records
VI. Work orders
VII. Department preventive maintenance
    A. Electrical
    B. Plumbing
    C. Painting
    D. Other miscellaneous preventive maintenance
    E. Grounds maintenance
VIII. Conclusion

MAINTENANCE TEST QUESTIONS

Please answer these questions with T for True, F for False.

1. We remove dry paint from glass with fine sandpaper. _______
2. Flat head screws should be countersunk. _______
3. The main purpose of oil in a bearing is to prevent the metal parts from touching. _______
4. A blowoff valve on a boiler is used mainly to reduce steam pressuer. _______
5. The soda-acid fire extinguisher is not affected by freezing temperatures. _______
6. A water pump is usually primed with oil or grease. _______
7. A Stillson wrench is usually used on heads and nuts of bolts. _______
8. More accidents result from unsafe actions than from unsafe conditions. _______
9. A soda-acid fire extinguisher must be recharged after each use no matter how slightly it has been used. _______
10. Sharp edged hand tools should usually be carried with the sharp edge down. _______

FEEDBACK

I am interested in your reactions to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings or by filling in the blank.

1.	The lesson was:	worthwhile	okay	useless
2.	The lesson was:	too long	about right	too short
3.	The study guide was:	useful	okay	of little use
4.	The lesson was:	to difficult	about right	too easy

5. One thing that I did not like about the lesson was: ______________________________

____

6. One thing that I liked best about the lesson was: ______________________________

____

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, Project Director

Ken Schrimpf, Janitorial, Housekeeping,
& Maintenance Instructor

STUDY GUIDE

JANITORIAL, HOUSEKEEPING, & MAINTENANCE

FOR

WORKING WITH HOUSEKEEPING CHEMICALS

This unit, Housekeeping Chemicals & Procedures consists of two parts. Part one will deal with classification of housekeeping tasks, reading manufactures directions and labels, and the importance of proper measurements and measuring devices. Part two will be a film entitled "Keep It Clean." Film will show proper cleaning, cleaning procedures and application of various housekeeping chemicals.

Objectives

After you finish viewing the unit you will be able to:

I. Identify and group duties in these task classifications

   A. Cleaning

   B. Protecting

   C. Beautifying

II. Value the importance of reading chemical labels

III. Identify the types of measuring devices and describe how to use them properly.

IV. Identify and be able to correct common cleaning mistakes

V. Explain and demonstrate how to prepare surfaces to recieve different types of common housekeeping chemicals.

TEST

After viewing the film "Keep It Clean" list as many oral and visual mistakes you have observed and ways you would correct them if you were doing each specific task.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

FEEDBACK

I am interested in your reaction to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings or by filling in the blank.

1.	The lesson was:	worthwhile	okay	useless
2.	The lesson was:	too long	about right	too short
3.	The study guide was:	useful	okay	of little use
4.	The lesson was:	too difficult	about right	too easy

5. One thing that I did not like about the lesson was:________________

____

6. One thing that I liked best about the lesson was:________________

____

7. Questions that I would like instructor to answer for me.__________

____

8. Other comments:____

____

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, Project Director

Ken Schrimpf, Janitorial, Housekeeping
& Maintenance Instructor

STUDY GUIDE

JANITORIAL, HOUSEKEEPING, AND MAINTENANCE

FOR

IMPROVING HOUSEKEEPING PERFORMANCE FACTORS

In this module, I would like to pass on to you housekeeping procedure tips which will help you to evaluate the performance factors in every phase of housekeeping. By expressing these tips, I hope to be of some help to help you overcome some of your cleaning problems and upgrade your housekeeping skills.

In this module, you should accomplish the following objectives:

Objectives

1. Use techniques that will help you evaluate and improve your performance in floor maintenance.
2. Use techniques that will help you evaluate and improve your performance in room cleaning.
3. Use techniques that will help you evaluate and improve your performance in bathroom cleaning.
4. Use techniques that will help you evaluate and improve your performance in shower and locker room cleaning.

PLEASE READ THE LIST OF PERFORMANCE FACTORS BELOW. RATE YOURSELF WITH A CHECK MARK AS TO YOUR PERFORMANCE AFTER EACH FACTOR. DO NOT SIGN YOUR NAME TO THIS PERFORMANCE FACTOR TEST. THIS TEST IS ONLY TO ESTABLISH YOUR WEAK AND STRONG PERFORMANCE FACTORS.

GIVE THIS PAGE AND THE FEEDBACK PAGE TO THE INSTRUCTOR.

Performance Factors		Very Poor	Poor	Average	Very Good	Excellent
1. QUALITY OF WORK - Completeness, neatness (Quality not considered)	1					
2. QUALITY OF WORK - Amount of work accomplished	2					
3. KNOWLEDGE - Knowledge of methods, materials and other fundamentals.	3					
4. LEARNING ABILITY - Speed and thoroughness in learning procedures, rules, alertness, perseverance.	4					
5. WORK HABITS - Organization of work, care of equipment, safety, punctuality.	5					
6. RELATIONSHIP WITH PEOPLE - Ability to get along, relations with public, other employees, pupils.	6					
7. DEPENDABILITY - Degree to which an employee can be relied upon to do the job without close supervision. Attendance on job.	7					
8. ATTITUDE - Enthusiasm for work, willingness to meet job requirements and accept suggestions, initiative, loyalty.	8					
9. PERSONAL FITNESS - Emotional stability, physical condition - appearance.	9					
10. SUPERVISORY ABILITY - (If Applicable) Ability to train employees, organize work, leadership.	10					

FEEDBACK

I'm interested in your reaction to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings or by filling in the blank. **Please tear off and give to your supervisor.**

1.	THE LESSON WAS:	Worthwhile	Okay	Useless
2.	THE LESSON WAS:	Too Long	About Right	Too Short
3.	THE STUDY GUIDE WAS:	Useful	Okay	Of Little Use
4.	THE LESSON WAS:	Too Difficult	About Right	Too Easy

5. One thing I did not like about the lesson was: ______________________________

6. One thing I liked best about the lesson was: ______________________________

7. Question(s) I would like the instructor to answer: ______________________________

8. What have you learned that is new and worth the effort? ______________________________

9. Other comments: ______________________________

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, Project Director

Kenneth Schrimpf, Janitorial-Housekeeping Inst.

STUDY GUIDE - NURSING CARE SERVICES

for

COMMUNICATING WITH FELLOW WORKERS

Dear Employee of the Sheboygan County Comprehensive Health Center.

This unit, "Communicating With Fellow Employees", consists of two parts; the video tape and the written materials. The video tape has the information, while the written materials are to help you in learning to communicate more effectively.

I would like to help you by asking you first to read the objectives, which will tell you what you will be able to do because you participated in this lesson.

OBJECTIVES:

After you have finished the unit you will be able to:

1. Explain the importance of good communication in the Health Care Center.
2. Explain and give examples of three factors necessary for good communication.
3. Explain the importance of having the words and body actions say the same message.
4. Attempt more effective communication by using the ideas presented in this unit.

Now you are ready to fill in the blank spaces in the Study Guide. The summaries, blanks, etc. follow the information as given on the tape. So...turn on the tape player. View the information on the screen and fill in the blanks as you are watching and listening.

If it is going too fast or if you didn't get a point, stop the machine, rewind a little way, and play it again. Do this as often as you wish.

When finished with the tape and the Study Guide, you are ready to complete the test. When you have finished the test tear it from the rest of the pages and give it to your supervisor. If you have other questions or comments give them to your supervisor too.

NOW, TURN ON THE TAPE AND TURN TO THE NEXT PAGE AND BEGIN.

I. Listening

The answer to Mr. Morgan's question, "How old is the elevator operator?" is ________.

Here are ten ways in which I can improve my listening ability:

1. I have to be ______________ in what is being talked about.
2. I have to judge the ___________ and not who is saying it.
3. I have to let the man __________ saying what he wants to say.
4. I have to see what the message has in it for _______.
5. I have to ____________ my thoughts.
6. I have to concentrate; listening is _____________.
7. I have to fight off ________________.
8. I have to __________ to challenging material.
9. I have to __________ emotional words.
10. I have to remember to ___________ to the speaker even though I know he speaks slower than I can listen.

As Mr. Morgan goes back through the ten ways of how to improve my listening, follow the summary below:

1. Be interested
2. Judge the content
3. Don't judge until the speaker is finished
4. What is in it for me
5. Organize my thoughts
6. Concentrate
7. Fight off distractions
8. Look for challenging material
9. Forget emotional words
10. Don't daydream

II. Oral Communication with Others and my Supervisor

With Others:

1. I must like __________. I must be willing to help.
2. I must not talk too _________ or too _________.
3. I must learn to listen to others _________ the ten ways of improving my listening that Mr. Morgan gave me.
4. I must _______ others tell me what they think.
5. I must learn a little charm. I must remember to watch my personal hygiene.
6. I must not talk too _________.
7. I must give other _______ contact.
8. I must care about what others say.
9. I must talk whenever I get the chance.
10. I must not give the impression that I am always correct.

With my Supervisor:

1. I must give him my respect.
2. I must pay attention and ask questions.
3. I must stay on the subject.

- - - - - - - - - - - - - - - - -

III. How I should Deal with Difficult People

I should:

1. Let the person tell me the ___________.
2. Try to understand the problem.
3. Not criticize him or his actions.
4. Repeat the problem as I understand it.
5. Take action and try to solve the problem or get a person who can solve it.

IV. Bodily Communication

When talking to someone, I give the person nonverbal messages by my actions and he/she gives me messages through his/her actions. These are called

____________________.

When speaking or listening, I should watch my:

1. ______________ -- look at the person.
2. ______________ -- stand or sit up straight.
3. ______________ -- carry myself well.
4. ______________ -- be friendly, not sour.

Review the questions asked by Mr. Morgan. Write your answers below:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

UNIT TEST - NURSING CARE SERVICES

for

COMMUNICATING WITH FELLOW WORKERS

Please tear off these pages and give them to your supervisor when you have answered each of the questions. Remember you will not be graded on how many you have correct.

Write True or False in front of each statement.

_____ 1. Listening means that I understand the message.

_____ 2. I have to be intelligent to be a good listener.

_____ 3. When communicating, it is important to judge the speaker and not what he/she is saying.

_____ 4. I should not butt in when soneone else is speaking.

_____ 5. When talking with my supervisor, I must give him my attention and ask him questions if I don't understand.

_____ 6. Even though I don't understand the directions fully, I should do it anyway so I won't look stupid.

_____ 7. When I speak to soneone, I give action messages also.

_____ 8. When an upset person is talking to me, I should repeat what his problem is to him in order to better understand his problem.

_____ 9. It is difficult to communicate if one person is daydreaming.

_____ 10. Good communication takes place when two people are talking to each other and they understand what each is talking about.

Circle the one best answer for each of the following statements.

1. If my replacement is late in arriving on the nursing unit, I should
   a. not talk to her because I'll be mad.
   b. think of some way of "getting back at her" and complain to another co-worker.
   c. ask the person nicely why they were late, try to understand and help the co-worker find a solution.

2. If I hear some gossip about a fellow worker, I should
   a. tell as many people as I can.
   b. tell only my closest friends and supervisor.
   c. keep the gossip to myself.

3. As a nurse's aid I should be aware that helping other team members would
   a. be a waste of my time because I am getting paid to do my own work.
   b. help to bring the entire staff closer together.
   c. show my supervisor I was hoping for a raise.

4. When finding a co-worker crying in the linen room I should
   a. close the door, allowing the person peace and quiet.
   b. pick up your linen while talking to the person about a patient's care or the weather.
   c. place my hand on her shoulder and ask, "You've had a rough day?"

5. When a nursing supervisor gives directions to me, I should
   a. write down every word spoken in case I might forget something.
   b. Interrupt the nurse to ask a question about a patient's care.
   c. take important and organized notes, ask questions of my supervisor to clear up any problems at the end of report.

FEEDBACK

I am interested in your reactions to this lesson. PLease answer the following questions by circling the answer that best agrees with your feelings, or by filling in the blank.

1. The lesson was: worthwhile okay useless

2. The lesson was: too long about right too short

3. The study guide was: useful okay of little use

4. The lesson was: too difficult about right too easy

5. One thing that I did not like about the lesson was: ______________________

____

6. One thing that I liked best about the lesson was: ______________________

____

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, Project Director
Vicki Jensen, Nursing Care Services
Instructor

STUDY GUIDE - NURSING CARE SERVICES
INFECTION CONTROL AND YOU

This unit, "Infection Control and You," consists of three parts; the videotapes, study guide, and post-test.

The study guide has been prepared to assist you in following the material. It is suggested that you review or look through the study guide before viewing the lessons.

Don't try to take notes. It will be more helpful to give your full attention to the audiovisual presentation. If you have a question on the material, jot down a word or two on it and ask the instructor during the end of the month discussion.

Now you are ready to begin the tapes. Follow the study guide, answering the review questions as they come up.

Objectives

1. Define the term medical asepsis or aseptic technique.
2. Identify four measures your place of employment uses in infection control.
3. Demonstrate good handwashing.
4. Describe the ways of transfer of infection.
5. Define isolation.
6. Explain the techniques used in isolation.

Aseptic Technique

1. Involves practices used in preventing the transfer of disease producing microorganisms.
2. Microorganisms - tiny living bodies that can be seen only by a microscope.
3. Microorganisms can be pathogenic or disease causing.
4. Direct transfer - are ways of spreading

Pathogenic Organisms

5. Indirect transfers.
6. Respiratory tract.
7. Gastrointestinal tract.
8. Direct physical contact.
9. Staphylococci, Streptococci and Pseudomonas are common bacteria.

Review - Circle True or False

1. Aseptic technique involves preventing transfer of pathogenic microrganisms. T F

2. You can see a pathogenic microorganism. T F

3. All microorganisms are pathogenic or disease causing. T F

4. Communicable disease can be spread by coughing or sneezing. T F

Tape: Medical Asepsis

1. Role of microorganisms.

2. Resident bacteria are usually harmless.

3. Ways an agency takes for infection control.

4. Laying on of hands - important in nursing.

5. Three essentials of handwashing are:

   warm running water
   soap
   friction

6. Know the cleaner areas and dirtier areas.

7. Protecting yourself and your patients is important.

Review Questions

Let's review the material:

1. List four methods of infection control

   a.
   b.
   c.
   d.
   e.

2. The three essentials of handwashing are warm running water, soap, and friction. T F

3. A basin with saliva on it should be rinsed in cold H_2O. T F

4. The floor is a fairly clean area. T F

Summary

Handwashing can be the major key to aseptic technique.

Isolation Technique

Isolation or Barrier means to set apart.

1. Emotional support.
2. Doctor or charge nurse can start isolation.
3. Measures begin in the room.
4. Other departments need to be notified.
5. Contaminated and clean areas.
6. Double bag technique is used for linen, garbage, and utensils to be sterilized.
7. Gowns are a barrier against infections.
8. Masks are used according to type of isolation.
9. Putting on the gown.
10. If x-rays are ordered, the patient puts the gown and mask on.
11. If gown gets wet or touches sink or floor, it is contaminated.
12. Reuse technique.
13. Handwashing before and after contact with the patient or supplies.
14. Emotional support is very important.

Review Questions

Here are some questions to use as a review.

1. Isolation and barrier mean the same thing. T F
2. The charge nurse can supervise isolation but can never start it. T F
3. Masks are used in all types of isolation. T F
4. Visitors need no gown if not touching the patient in isolation. T F
5. Isolation is to protect others from the disease producing microorganisms of the patient. T F
6. The patient can go to x-ray if gowned and masked. T F
7. And finally, a nurses aide can give emotional support. T F

3/76

Name ________________________

Self-Help Test

1. A communicable disease can be spread by a handshake. T F
2. Pathogenic microorganisms are harmless. T F
3. Cold water, soap, friction are important in handwashing. T F
4. Hands should be washed one minute before and after caring for an isolation patient. T F
5. The sink is a clean area. T F
6. Linen touched on the floor is contaminated. T F
7. The gown needs to be tied at neck then the waist. T F
8. Masks can be reused if needed. T F
9. The doctor is allowed to go into isolation without a gown on. T F
10. Blood pressure cuffs can be taken into isolation. T F

3/76

FEEDBACK

I am interested in your reactions to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings, or by filling in the blank.

1.	The lesson was:	worthwhile	okay	useless
2.	The lesson was:	too long	about right	too short
3.	The study guide was:	useful	okay	of little use
4.	The lesson was:	too difficult	about right	too easy

5. One thing that I did not like about the lesson was: ____________________

____

6. One thing that I liked best about the lesson was: ____________________

____

Thank you very much for your help. Have a pleasant day.

Marvin Schrader, Project Director
Vicki Jensen, Instructor

3/76

STUDY GUIDE - NURSING CARE SERVICES
FOR
THE ARTS OF ORAL HYGIENE

This unit, "The Arts of Oral Hygiene," consists of three parts; the video tape, written materials and a brief demonstration of equipment and technique.

It will help you to keep in mind the following objectives as you participate in the lesson. Please have the study guide in front of you.

Objectives:

1. To understand the function of teeth.
2. To be able to explain the two major diseases of teeth and basics of prevention.
3. To adapt oral hygiene for the patients with physical and mental handicaps.
4. To review proper oral care technique and equipment.

Now you are ready to fill in the blank spaces in the study guide. Make additional notes on the study guide if you wish.

If the material goes too fast or if you didn't get a point, stop the machine, rewind the tape a little, play it again and try to relax.

When finished with the unit, please complete the self-help test. Return this test to your supervisor. If you have other questions or comments give them to your supervisor too.

NOW TURN ON THE TAPE, TURN TO THE NEXT PAGE AND KEEP THAT SMILE.

Introduction:

Oral hygiene is one of the most neglected parts of health care. Teeth were meant to last a life time. In the United States 95 per cent of the people reaching adulthood have had at least one cavity and one out of four persons over 60 have lost their teeth.

Objectives:

As listed on page one.

Function of teeth:

1. Chewing ___________________ mixing of food and saliva.
2. __________________, teeth help to form our words.
3. Gives the face ____________________.
4. The showing of _______________________.

Diseases of the teeth:

1. ____________________or caries. ____________________plaque acts like an acid breaking down the enamel of the tooth.
2. Periodontal disease - The _________ and tissue around the teeth become swollen and red. Debris and _________________________________ can collect around the base of the teeth forming a hard substance called _________________. A _____________ can only remove tartar.

Basics of prevention:

1. Oral care after ____________ and at bedtime.
2. Cut down on ________________.
3. Good foods from basic ________________.
4. See your dentist every ____________________.

The film: Personal Oral Hygiene for the Handicapped.

1. Kathy has learned the ___________________________ method of brushing her teeth.
2. Starting at the gum line lower teeth are brushed __________________ while upper teeth are brushed ____________________.

3. Repeat the entire brushing routine ____________ times.

4. Blind persons or persons with pour vision have a sharp sense of ____________ in learning oral hygiene.

5. Mentally retarded persons should learn oral hygiene in ______________. Keep the learning experience _______________ and simple.

6. Handicapped people must change or ___________________ oral hygiene aids to meet their needs.

7. List four methods of adapting oral care equipment for the handicapped:
   a.____
   b.____
   c.____
   d.____

8. Automatic toothbrushes provide ________________________ action relieving a patient of motion that might be impossible for him.

9. A _______________ plus a rubber band help to stabilize an electric tooth brush.

10. ____________________ can also be used with electric toothbrushes.

11. A foam _______________________________ can be used for a patient with cerebral palsy. The ______________ is used only for insertion.

12. Oral care for an unconscious person are inportant to:
    a. clean and provide _______________________.
    b. reduce __________________________________.
    c. a toothbrush attached to _________________ is useful.
    d. ______________________is used as a bacteria killing substance.

13. ____________________ is necessary with elderly patients.

14. Deposits and stains on _______________________ may irritate ______________ and soft tissue.

15. Halitosis is a name for ____________________.

16. An edentulous person is someone ___________________________.

17. Foam ________________________ can also be used for edentulous patients.

Name: ____________________________

TEST - NURSING CARE SERVICES FOR THE ARTS OF ORAL HYGIENE

Please tear off this page and give it to your supervisor after answering each of the questions. Remember you will not be graded. This is a self-help test.

Write true or false in front of each statement.

_____ 1. Oral hygiene is often a neglected aspect of health care.

_____ 2. The rolling stroke method is for denture removal.

_____ 3. Lower teeth are brushed upward from the gums, while upper teeth are brushed downward.

_____ 4. Do the entire brushing routine six times.

_____ 5. An edentulous person is one with bad breath.

_____ 6. Persons with dentures need little if any oral care.

_____ 7. Make a dentist visit every two years is a good rule to remember.

_____ 8. An unconscious patient should not have oral care in the first two days.

_____ 9. Rinsing the mouth after a coke helps prevent caries.

Circle the one best answer.

1. The function of teeth includes all but the following:
   - a. Chewing, grinding, mixing.
   - b. An aid in breathing.
   - c. Speech.
   - d. Shape of face.

2. Cavities or caries:
   - a. Are greatly increased by eating fresh fruits and vegetables.
   - b. Are the leading cause of tooth loss.
   - c. Are Caused by the acid-like action of bacterial plaque.

3. In periodontal disease:
   - a. The tartar once formed can be removed by a toothpick.
   - b. The gums become red and swollen instead of pink and firm.
   - c. Food particles or debris have nothing to do with this disease.

FEEDBACK

I am interested in your reactions to this lesson. PLease answer the following questions by circling the answer that best agrees with your feelings, or by filling in the blank.

1. The lesson was: worthwhile okay useless
2. The lesson was: too long about right too short
3. The study guide was: useful okay of little use
4. The lesson was: too difficult about right too easy
5. One thing that I did not like about the lesson was: ______________________

   ____
6. One thing that I liked best about the lesson was: ______________________

   ____

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, Project Director
Vicki Jensen, Nursing Care Services
Instructor

STUDY GUIDE - NURSING CARE SERVICE
FOR
"WHAT IS DIABETES?"

This month's inservice is on Diabetes Mellitus. The two tapes will include a general overview of Diabetes followed by diabetic foot care principles.

The study guide has been prepared to assist you in your learning experience. It is suggested that you read through the guide before viewing the lesson.

Don't try to take a lot of notes. It's important that you give full attention to the audio-visual presentation. If you have a question jot down a note or two for question seven on the feedback sheet. The instructor will also be available to answer questions at the end-of-the-month discussion.

When finished with the lesson please complete all the questions on the feedback sheet and the self-help test. Then return the test to your supervisor.

NOW TURN ON THE TAPE, TURN TO THE NEXT PAGE AND KEEP HEALTHY.

In the year 1921, injectable insulin was discovered. This opened the doors for effective management of diabetes. In the '50s and '60s oral drugs were developed for the condition. Today in 1976 people can lead healthy normal lives. Management of diet, weight control, insulin, oral drugs, either separately or in combination, can control the disease - but not cure it.

OBJECTIVES for this lesson include:

1. To be able to explain the term diabetes.
2. To list three main symptons of diabetes.
3. To identify three factors which could lead to diabetes.
4. To understand the importance of diet as a major key of control.
5. To be able to accurately test urine for sugar content.
6. To be able to apply the principles of good foot care.

Diabetes: a simple definition to a complex condition.

Basically it's a disease in which the body is unable to use food properly. It's caused by an insufficient supply of insulin or insulin that isn't working right. Insulin enables the body cells to use and store sugar. This simple sugar or glucose comes from our food and gives us the fuel the body needs to keep functioning.

Slide presentation.

Symptoms of diabetes.

The three Ps.

1. Polyuria - excessive urination
2. Polydipsia - excessive thrist
3. Polyphagia - extreme hunger

4. Rapid weight loss
5. Fatique, weakness
6. Intense itching
7. Failing eyesight
8. Skin infections

Who gets diabetes?

Four our of five persons who get the condition are overweight. Maturity onset type generally between ages of 40-60. Heredity is one important factor. Women more frequent than men.

Glucose - fuel the body needs to keep alive. A simple sugar coming mostly from sugars and starches we eat (the carbohydrates).

Glucose needs to get inside the body cells.

Insulin - required to be right alongside the glucose before it can get into the cells.

Result: body cells cells starve and unused glucose builds up in the body.

Diet keeps the glucose at the right level.

Insulin is a hormone made by the pancreas.

Daily injections of insulin are needed if very little or no insulin is produced. U100 concentrations of insulin are becoming more universally used today. There are six types of insulin.

Daily food allowance and exchange lists are used. Seven categories of foods are included in the exchanges. Foods are measured.

A diabetic should avoid concentrated sweets.

In a majority of cases diet alone can control diabetes.

Urine testing: Always use a second specimen and usually before meals.
Clinitest testape
Acetest clinistix

Personal hygiene is important.

Daily foot care is essential.

Exercise.

Five keys to management:

1. Diet and weight adjustment.
2. Oral drugs or insulin.
3. Urine testing.
4. Planned exercise.
5. Personal hygiene.

Emergencies:

1. Hypoglycemia (or insulin shock) - not enough sugar in the blood.
   Symptoms: fatique, weakness, nourvousness, anciety, trembling, sweating, hunger, dizziness, and visual problem.
   Orangejuice, candy, or sugar should bring quick relief.

2. Hyperglycemia - too much sugar in the blood.
   Symptoms: polyuria, polydipsia, headache, weakness, nausia, mental dullness, rapid breathing with fruity smell and dry flushed skin.

PART 2 - DIABETIC FOOT CARE.

Diabetics' feet need special care. Circulation and nerve problems are common complications.

Arteriosclerosis is the hardening of the arteries. In arteriosclerosis the amount of blood to body tissue decreases; therefore the tissues are not nourished properly.

Sensation and resistance to infections are lowered in the diabetic.

8 steps to proper foot care.

1. Proper washing.
2. Careful examination
3. Treatment of infections
4. Medical help.
5. Proper shoes and socks.
6. Careful care of toe nails.
7. Protection against hot and cold.
8. Maintenance of circulation.

Infection signals.

1. Redness - especially red streaks.
2. Pain
3. Swelling
4. Any type of drainage.

9

NAME: ______________________________

SELFHELP TEST:

Please complete the test and feedback sheets and return these to your supervisor. Your comments are really appreciated for this project.

1. Without referring to the guide briefly explain diabetes: ____________

____

____

2. Define the 3 Ps:

Polyuria: ____

Polydipsia: ____

Polyphagia: ____

PLEASE CIRCLE TRUE OR FALSE AT THE FOLLOWING QUESTIONS.

3. T - F The most important single factor in the treatment of diabetes is insulin administration.

4. T - F Glucose is similar to gasoline; both provide energy.

5. T - F Insulin is necessary for glucose to get into the body cells.

6. T - F The diabetic can not control the amount of glucose going into the bloodstream.

7. T - F Today there is a cure for diabetes.

8. T - F A clinitest should be taken on the second voided specimen.

9. T - F The diabetic should rub his feet dry to stimulate circulation.

10. T - F Toe nails should be clipped straight across after soaking in lukewarm water.

FEEDBACK.

I'm interested in your reaction to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings or by filling in the blank.

1. THE LESSON WAS: Worthwhile Okay Useless
2. THE LESSON WAS: Too long About right Too short
3. THE STUDY GUIDE WAS: Useful Okay of little use
4. THE LESSON WAS: Too difficult About right Too easy
5. One thing I did not like about the lesson was: ____________________

____

____

6. One thing I like best about the lesson was: ____________________

____

____

7. Question I would like the instructor to answer me: ________________

____

____

____

____

8. Other comments: ____

____

____

____

Thnak you very much for your help. Have a pleasant day.

Marvin A. Schrader, project director

Vicki Jensen, nursing service ins.

Study Guide--Nursing Care Services

Confusion and the Elderly

--This month's inservice is on causes of confusion in the elderly and the use of reality orientation.

--The study guide has been prepared to help you with the learning experience. It is suggested that you review the guide before viewing the lesson.

--It's important that you give full attention to the AV presentation. Taking a few notes may help you.

--When finished with the lesson, please complete all the questions on the feedback sheet and self-help test. Then return the test and feedback to your supervisor.

Many old people with confused behavior are labeled senile. Today the trend is to look carefully at confused behavior and identify its causes. Confusion then becomes a sign, not a diagnosis.

Objectives

1. Explain how sensory losses cause confusion.
2. Describe functional and organic disorders.
3. Define reality orientation and list several of its guidelines.

Generalizations are hard to make about old age. Everyone ages differently. The "aged person" is thought to be over 75 years in most cases.

Body systems show atrophy--a gradual wasting of the tissues--which usually begins by age 55.

Confused behavior may be a sign of a sensory loss. Losses in vision and hearing are most pronounced. Senses: vision, hearing, touch, smell, and taste.

Vision losses: Lens loøses ability to focus. Aging brings an increased incidence of:

1. Glaucoma--increased pressure in the eye
2. Cataract--loss of opacity in the lens

Hearing loss: Gradually decline-type is called Presbycusis.

1. Words are often missed or unclear.
2. Higher-pitched sounds are first to be lost.

Film Segment--The Emphatic Model

Designed to let you experience vision and hearing loss. These losses cause problems in communication. Many people are labeled senile with sensory losses.

Functional Disorders

A disturbance in mental functioning without physical changes in the brain. Psychiatric symptoms are included.

Organic Disorder

Dysfunction or damage to the brain itself. Cause is not completely understood. Thought due to atrophy of brain tissue, calcium deposits in areas of the brain, and lessened blood supply from arteriosclerosis (hardening of blood vessels) and atherosclerosis (fatty deposits in the blood vessels).

Characteristics of organic disorders:

1. Impairment of intellect and judgment
2. Deficits in memory and recall
3. Disorientation to time and place
4. Shifts in mood

Acute Organic Brain Syndrome

Definite brain dysfunction is present. Reversible, usually of short duration.

Chronic Organic Brain Syndrome

Same symptoms as acute but is permanent, long-term, and not reversible.

Causes of Acute Brain Syndrome

1. Hypoxia
2. Fluid and electrolyte imbalance
3. Nutritional deficiencies
4. Pathological or disease states

Three Objectives for Correcting Confusion

1. Limiting the disorientation
2. Providing protection
3. Reorienting the person to reality

Slide Presentation: Reality Orientation Guidelines

Reducing Stresses of Institutionalization

1. Increase sensory stimulation by room transfer in certain cases
2. Calm environment--space procedures
3. Provide privacy
4. Provide a sense of "own belongings"
5. Allow continuation of reasonable habit patterns

Techniques of Nurse-Patient Interaction

1. Always call patient by name and identify yourself.
2. Correct confusion of time, person, place, and help patient to organize thoughts.
3. Reality of situation needs to be stated.
4. Support patient's former roles.
5. Concrete, simple, everyday subjects--repeat short and simple questions. Speak words clearly, directly, and with volume in a lower pitch.
6. Sensory losses--check glasses, hearing aid, and need for examinations.
7. Touch--need for examinations.

Supportive Environment

1. Increasing sensory stimuli
2. Avoid physical restraints if able
3. Use night light--low bed and side rails
4. TV and radio can provide sensory stimulation and reorientation
5. Family and health care personnel should be encouraged to visit frequently
6. Clocks and calendars

In conclusion--

Specific observation of confused behavior, identification of underlying causes, and the use of reality orientation techniques all are means to meet the challenges of caring for the confused patient.

Interview with Sister Mary Annelle, a registered occupational therapist from St. Mary's Home in Manitowoc. Topic, "A Reality Orientation Program."

Name ____________________

Self-help Test

Please complete the test and feedback sheets and return these to your supervisor. Your comments are really appreciated for this project.

Fill in the Blanks

1. ____________________ means wasting away of body tissues which usually begins by age 55.

2. Type of gradual hearing loss with aging is called ____________________.

3. Loss of ____________________ and ____________________ senses may lead to confusion in an older patient.

4. Two characteristics of organic disorders are ____________________ and ____________________.

5. ____________________ organic brain syndrome is short term and reversible.

6. Explaining time, person, place is part of a program of ____________________.

7. List several objects or methods used to provide sensory stimulation and orientation.

   ____

   ____

Multiple Choice

1. An older, slightly confused patient seems lonely. You should take time to talk with her and say:

   a. Let's talk about religion. I know this means a lot to you.
   b. How did you like the bingo game?
   c. Would you like to go to the shopping mall? (thereby changing sensory stimuli)

2. Patient thinks he is in a restaurant with his sister. (Actually, it's mealtime in the nursing home.) You should:

   a. Put patient in his room--provide calm and privacy.
   b. Repeat several times the correct information.
   c. Say, This is like a restaurant. Would you like more coffee?

FEEDBACK.

I'm interested in your reaction to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings or by filling in the blank.

1. THE LESSON WAS: Worthwhile Okay Useless
2. THE LESSON WAS: Too long About right Too short
3. THE STUDY GUIDE WAS: Useful Okay of little use
4. THE LESSON WAS: Too difficult About right Too easy
5. One thing I did not like about the lesson was: ____________________

____

____

6. One thing I like best about the lesson was: ____________________

____

____

7. Question(s) I would like the instructor to answer me: ____________

____

____

____

8. What I learned that was new or worth the effort: ____________

____

____

____

9. Other comments: ______________________________________

____

____

____

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, project director

Vicki Jensen, nursing service ins.

STUDY GUIDE - DIETARY

for

COMMUNICATING WITH FELLOW WORKERS

Dear Employee of the Sheboygan County Comprehensive Health Center.

This unit, "Communicating With Fellow Employees", consists of two parts; the video tape and the written materials. The video tape has the information, while the written materials are to help you in learning to communicate more effectively.

I would like to help you by asking you first to read the objectives, which will tell you what you will be able to do because you participated in this lesson.

OBJECTIVES:

After you have finished the unit you will be able to:

1. Explain the importance of good communication in the Health Care Center.
2. Explain and give examples of three factors necessary for good communication.
3. Explain the importance of having the words and body actions say the same message.
4. Attempt more effective communication by using the ideas presented in this unit.

Now you are ready to fill in the blank spaces in the Study Guide. The summaries, blanks, etc. follow the information as given on the tape. So...turn on the tape player. View the information on the screen and fill in the blanks as you are watching and listening.

If it is going too fast or if you didn't get a point, stop the machine, rewind a little way, and play it again. Do this as often as you wish.

When finished with the tape and the Study Guide, you are ready to complete the test. When you have finished the test tear it from the rest of the pages and give it to your supervisor. If you have other questions or comments give them to your supervisor too.

NOW, TURN ON THE TAPE AND TURN TO THE NEXT PAGE AND BEGIN.

I. Listening

The answer to Mr. Morgan's question, "How old is the elevator operator?" is ________.

Here are ten ways in which I can improve my listening ability:

1. I have to be ______________ in what is being talked about.
2. I have to judge the ___________ and not who is saying it.
3. I have to let the man __________ saying what he wants to say.
4. I have to see what the message has in it for _______.
5. I have to ____________ my thoughts.
6. I have to concentrate; listening is _____________.
7. I have to fight off ________________.
8. I have to __________ to challenging material.
9. I have to __________ emotional words.
10. I have to remember to ___________ to the speaker even though I know he speaks slower than I can listen.

As Mr. Morgan goes back through the ten ways of how to improve my listening, follow the summary below:

1. Be interested
2. Judge the content
3. Don't judge until the speaker is finished
4. What is in it for me
5. Organize my thoughts
6. Concentrate
7. Fight off distractions
8. Look for challenging material
9. Forget emotional words
10. Don't daydream

II. Oral Communication with Others and my Supervisor

With Others:

1. I must like ________. I must be willing to help.
2. I must not talk too ________ or too ________.
3. I must learn to listen to others ________ the ten ways of improving my listening that Mr. Morgan gave me.
4. I must ______ others tell me what they think.
5. I must learn a little charm. I must remember to watch my personal hygiene.
6. I must not talk too ________.
7. I must give other ______ contact.
8. I must care about what others say.
9. I must talk whenever I get the chance.
10. I must not give the impression that I am always correct.

With my Supervisor:

1. I must give him my respect.
2. I must pay attention and ask questions.
3. I must stay on the subject.

- - - - - - - - - - - - - - - -

III. How I should Deal with Difficult People

I should:

1. Let the person tell me the __________.
2. Try to understand the problem.
3. Not criticize him or his actions.
4. Repeat the problem as I understand it.
5. Take action and try to solve the problem or get a person who can solve it.

IV. Bodily Communication

When talking to someone, I give the person nonverbal messages by my actions and he/she gives me messages through his/her actions. These are called

______________________.

When speaking or listening, I should watch my:

1. ______________ -- look at the person.
2. ______________ -- stand or sit up straight.
3. ______________ -- carry myself well.
4. ______________ -- be friendly, not sour.

Review the questions asked by Mr. Morgan. Write your answers below:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

UNIT TEST - DIETARY

for

COMMUNICATING WITH FELLOW WORKERS

Please tear off these pages and give them to your supervisor when you have answered each of the questions. Remember you will not be graded on how many you have correct.

Write True or False in front of each statement.

_____ 1. Listening means that I understand the message.

_____ 2. I have to be intelligent to be a good listener.

_____ 3. When communicating, it is important to judge the speaker and not what he/she is saying.

_____ 4. I should not butt in when someone else is speaking.

_____ 5. When talking with my supervisor, I must give him my attention and ask him questions if I don't understand.

_____ 6. Even though I don't understand the directions fully, I should do it anyway so I won't look stupid.

_____ 7. When I speak to someone, I give action messages also.

_____ 8. When an upset person is talking to me, I should repeat what his problem is to him in order to better understand his problem.

_____ 9. It is difficult to communicate if one person is daydreaming.

_____ 10. Good communication takes place when two people are talking to each other and they understand what each is talking about.

Circle the one best answer for each of the following statements.

1. The job is new to me. I have never used the slicer and have been asked to slice 89 cheese slices for noon cheese sandwiches. It would be best if I would ask
   a. a fellow worker how to operate the slicer.
   b. anyone around how to operate the slicer.
   c. my supervisor how to operate the slicer.

2. The supervisor has given me an assignment. I understood the instructions, but know I will not remember all of them. The best thing for me to do is
   a. write them down in order.
   b. just do my best and hope my memory will not fail.
   c. complete first three steps and ask for repeated instructions as needed.

3. Mary, whom I dislike very much, is giving me directions for assembling the roll dough but there is an interesting discussion about last night's party near by. I should
   a. Smile, but listen to the discussion about the party.
   b. Assemble it my way and ignore Mary's directions because I don't like her.
   c. Listen to Mary, follow her directions, and ask about the party in the staff room during break.

4. I am giving instructions for the making of four gallons of chicken salad for the lunch trays to an employee. The employee nods and, at five second intervals, says "uh-uh", while leaning against the counter and staring at the floor. It would be good for me to
   a. assume that the employee had understood because of all that agreement.
   b. ask the employee to repeat instructions briefly.
   c. go about my own duties and assume that it is not my responsibility to check the person's understanding of my directions.

FEEDBACK

I am interested in your reactions to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings, or by filling in the blank.

1. The lesson was: worthwhile okay useless

2. The lesson was: too long about right too short

3. The study Guide was: useful okay of little use

4. The lesson was: too difficult about right too easy

5. One thing that I did not like about the lesson was: ____________________

____

6. One thing that I liked best about the lesson was: ____________________

____

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, Project Director
Karin Pokorski, Dietary Instructor

STUDY GUIDE--DIETARY

for

SAFE FOOD and SAFE FOOD HANDLING

OBJECTIVES: Having viewed this module, employees:

1. Will be able to explain the need for good personal hygiene.
2. Will be receptive toward the rules of safe food handling.
3. Will practice greater sanitary self-discipline in the kitchen.
4. Will remind others when sanitary guidelines are being violated.
5. Knows that organization is not only efficient but also important for safe food handling.

NOW, TURN ON THE TAPE AND BEGIN.

STUDY GUIDE PART I

Safe Food

Sanitation is ________________ business.

Key to good sanitation is __________ __________ and _________ ________.

The fight is against ____________ ____________.

Ultimately controlled contamination comes down to ____________.

Microbes can only be seen through a ______________.

Food contamination is not identical to food ______________.

Food contaminated with harmful organisms does not _________, ___________,

or ___________ contaminated.

There are ___________ of reported cases of food-borne illness annually.

Bacteria need four conditions to grow rapidly.

1)
2)
3)
4)

Handle all food as if it has been ______________.

The Danger Zone temperatures are between ____________ and ____________

degrees.

The potentially hazardous foods that require extra care are ___________,

_____________, __________, ____________, and dairy products.

All foods should be covered to retain flavor and make it more difficult

for____________ to enter.

Store-cooked foods above ______________ foods.

Some ____________ are not destroyed in cooking.

Raw poultry, vegetables, and fruits should be washed in ___________ water.

Thaw foods under cold water or in the ______________.

Reheat quickly in small pans and maintain at _____________ degrees or higher.

Each ___________ ingredient increases changes of contamination.

STUDY GUIDE PART II

Safe Food Handler

The most common source of food contamination is _____________.

Bacteria are spread by our _________, __________, and ____________.

Good health, clean personal habits, and _______ _______ ________ build the sanitary barrier.

Up to ________% of us harbor a good size colony of some type of bacteria.

Staph germs can be found in external and internal _________ areas.

The most common way germs are spread is by our ___________.

Hands should be washed after

1)
2)
3)

Some skin problems can be handled with a "hands off" policy and the use of ______________.

Control unsanitary nervous _______________.

It is important to:

1) Bathe daily
2)
3) Clip nails
4)
5) Not wear jewerly.

After handling ____________ _____________ wash your hands.

Do not touch _________ ___________ surfaces.

Use __________ whenever possible to handle food.

___________ should never be handled any more than absolutely necessary.

NAME: ______________________

QUIZ

SAFE FOOD PART I

T F There are very few actual cases of foodborne illness reported annually.

T F The basic answer to control and prevention of foodborne illness is the individual food handler who is trained and has a positive attitude.

T F Sanitary is more than clean, it is safe with respect to health.

T F Once bacteria are in an institution they travel freely, without aid to many food sources.

T F It is important to wear clean clothes, bathe daily, clip your nails, and to not wear jewerly.

T F Germs grow best at temperatures below 40° and above 140°.

NAME: ______________________

QUIZ

FOODHANDLER PART II

T F People who carry bacteria are obviously dirty.

T F The most common source of food contamination is transmitted by unwashed hands of foodhandlers.

T F You are evaluated constantly by your supervisor from the point of view of whether or not you are a sanitation risk.

T F It is the duty of public health officers and department supervisors to build a sanitation barrier.

T F Smoking by a foodhandler who doesn't wash after smoking is a hazard.

T F You never wash your hands in a food preparation sink.

T F The most important of all rules in food preparation and service is to keep foods out of the temperature danger zone.

FEEDBACK

I am interested in your reactions to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings, or by filling in the blank.

1. The lesson was: worthwhile okay useless
2. The lesson was: too long about right too short
3. The Study Guide was: useful okay of little use
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5. One thing that I did not like about the lesson was: ______________________
   ____
6. One thing that I liked best about the lesson was: ______________________
   ____

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, Project Director
Karin Pokorski, Dietary Instructor

OBJECTIVES

Micro-World and Bacterial Control

Having viewed this module, student will:

1) understand the evolution of the sanitary laws and regulations that govern the institution's operation.

2) understand why the principles of safe food and safe food handlers must be applied at all times.

3) be acquainted with characteristics of bacteria which cause such concern and fears in food service institutions since they cause foodborne illness.

4) know your role in institutional control of bacteria and other micro-organisms.

3/76

STUDY GUIDE

Micro-World, Part I

Micros means ______________________________.

Bios means ______________________________.

ology means ______________________________.

Why do we have sanitation laws and regulations?

Microorganisms need:

1)

2)

3)

4)

5)

Sanitation means __________________ __________________ __________________ __________________ __________________.

Microorganisms are classified as __________________, __________________, and __________________.

Three shapes of bacteria are __________________, __________________, and __________________.

Intoxication is caused by ____ ____.

Infection is caused by ____ ____.

Bacteria multiply by division approximately every ______________ minutes.

Most bacteria are:

a) harmful

b) helpful

c) harmless

What are the sources of foodborne disease microorganisms?

1)

2)

3)

Define foodborne illness.

Bacteria that cause foodborne illness are:

1)

2)

3)

The parasite most important to food service workers is ____________________.

Chemical poisonings are caused by ____

____.

Bacterial Control, Part II

The three major bacteria types transmitted through food are:

1)

2)

3)

Foods containing the ________________ nutrient are most common sources of foodborne illness.

The factors that contribute to foodborne outbreaks are:

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

11)

12)

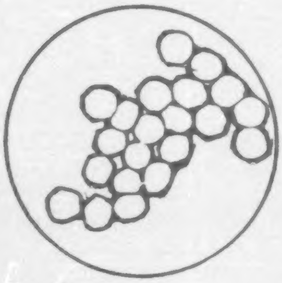
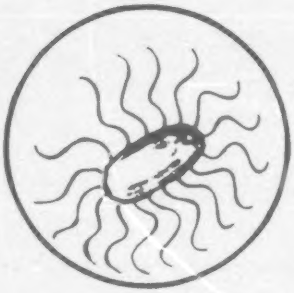
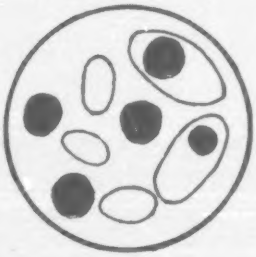
13)

14)

Steps necessary to cause bacterial foodborne illness are an agent, source of contamination, ________________, time and temperature, and ________________.

Control of secondary infections is the responsibility of the entire __________.

CONTROL OF FOODBORNE DISEASES IN FOOD

GERM Disease in parenthesis	SOURCE	FACTORS Factors that contribute to outbreaks
Staphylococcus aureus (Staphylococcal food poisoning) 	Workers' noses, hands, hair, intestines, boils Infected sores and cuts	Workers touching cooked foods Keeping food at room temperature Storing foods in large pots in refrigerators Holding foods at warm (bacterial growing) temperatures
Salmonella (Salmonellosis) 	Intestinal tract of man and animals Surfaces of meat and poultry Unpasteurized egg products	Inadequate cooking Cross-contamination of cooked foods from raw foods by contact with common equipment or with hands Keeping food at room temperature Storing foods in large pots in refrigerators Holding foods at warm (bacterial growing) temperatures Inadequate cleaning of equipment Inadequate reheating of cooked foods
Clostridium perfringens (*Clostridium perfringens* gastroenteritis) 	Intestinal tract of man and animals Surfaces of meat and poultry Soil Dust	Keeping foods at room temperature Storing foods in large pots in refrigerators Holding foods at warm (bacterial growing) temperatures Workers touching cooked foods Inadequate reheating of cooked foods

PLEASE POST ON BULLETIN BOARD

SERVICE ESTABLISHMENTS

PREVENTIVE MEASURES

Wash hands after coughing, sneezing, smoking, going to the toilet
Practice good personal hygiene
Cool foods rapidly
Put foods in shallow pans in refrigerators
Keep cold foods at 45° F or below
Keep hot foods at 140° F or above
Cover infections with waterpoof dressing or band-aid
Restrict workers with diarrhea or colds from touching foods

Cook foods to internal temperatures of 165° F
Use separate equipment for raw and cooked products
Cool foods in shallow pans in refrigerators
Keep cold foods at 45° F or below
Keep hot foods at 140° F or above
Reheat leftover foods to 160° F
Clean and disinfect kitchen utensils and equipment
Wash hands after visiting toilet and handling raw foods of animal origin
Restrict workers with diarrhea or fever from touching foods

Cool foods rapidly
Put foods in shallow pans in refrigerators
Keep cold foods at 45° F or below
Keep hot foods at 140° F or above
Reheat leftover foods to 160° F
Wash hands after going to toilet, handling raw meat, and doing activities other than food preparation
Clean and disinfect kitchen equipment
Restrict workers with diarrhea from touching foods

HEW/PHS/CDC

MICROBIOLOGY AND BACTERIAL CONTROL QUIZ

True (T)
False (F)

_______ 1) Sanitary laws and regulations that govern the operation of an institution's food service and based upon our knowledge of microorganisms.

_______ 2) In food protection, the one requirement for the growth of bacteria that we can control best is the temperature of the food.

_______ 3) All bacteria may be classified as being useful.

_______ 4) Of all sources of microorganisms, man is by far the greatest source of those than cause outbreaks of foodborne illness.

_______ 5) Some bacteria produce a poisonous substance that may makes a person ill when eaten.

_______ 6) Foods frequently involved in outbreaks of illness are meats, cream-filled or custard-filled pastries, and salad-type foods such as potato or ham salad.

_______ 7) Animals used for food are often contaminated or infected with organisms that cause outbreaks of illness.

_______ 8) Only those persons known to be ill carry a disease-producing organism.

_______ 9) You can always tell which food has been involved in an outbreak of foodborne illness because it has a peculiar taste that identifies the substance causing the illness.

_______ 10) Foodborne illness is no longer considered a public health problem.

3/76

FEEDBACK

I am interested in your reactions to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings or by filling in the blank.

1.	The lesson was:	worthwhile	okay	useless
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____

Thank you very much for your help. Have a pleasant day.

Marvin Schrader, Curriculum Specialist

Karin Pokorski, Dietary Instructor

Freeloaders

Objectives

Having viewed the module students will:

1) Be aware of the role infections in rodents play in the spread of disease organisms and filth.

2) Know some methods we can use to control these pests.

3) Understand your role in control of insects and rodents within the institution.

4) Realize importance of special precautions needed when using pesticides.

Study Guide - Freeloaders

The Freeloaders of greatest concern to us in food service are

______________, ______________, and ______________.

Two basic elements of insects and rodent control:

1)

2)

What is true about the housefly that makes him a hazard to the food service industry, residents, and food?

Summarize growth cycle of the housefly.

Control flies by:

1)

2)

3)

4)

Why are cockroaches so very undesirable around the kitchen?

Briefly state the growth cycle of a cockroach.

What conditions welcome cockroaches into our institutional kitchens?

Garbage cans should be lined with ______________ and always kept

__________________ ________________.

Trash containers should be ______________ with a bactericidal detergent.

When deliveries are received, contents should be ______________

and promptly ______________.

After emptying containers should be ______________.

Food should be stored on ______________ ______________ and off the floor.

To feel welcome, pests need:

1)

2)

3)

4)

Outside is important as well. We should take notice of any:

Key is _________________.

Cockroaches are controlled by:

1)

2)

3)

Rats are a health hazard. Why are food service people so concerned when rats are known to be in-residence?

1)

2)

3)

Rats are best controlled by:

Other insects can be kept out by following five basic guidelines. List 2.

1)

2)

Pesticides need to be handled carefully. List three good rules to remember when using pesticides.

1)

2)

3)

Slides

What are some conditions that favor pest infestation?

1) 4)

2) 5)

3) 6)

Quiz - Freeloaders

Answer: T - true or F - false

_____1) If you don't see pests in your institution, you don't have them.

_____2) Delivery cases and lugs can be left in the kitchen area.

_____3) Stack all used food containers until you have enough and wash all at once.

_____4) Pests need food, water, warmth, and shelter and, in most cases, darkness.

_____5) After you wash out a garbage container,you can dump the water on the ground.

_____6) Pests love wet rags, wet mops, and leaking or standing water.

_____7) Pests spread disease.

_____8) Don't worry about getting crumbs or food pieces if they can't be seen.

_____9) Keep pesticides near food preparation area so they can be used as soon as a pest is seen.

_____10) Stop up holes and keep doors and windows tightly screened to keep outside pests from moving in.

Know your dairy products, fruits, and vegetables.

Objectives

Having viewed the module students will:

1) Understand need for proper storage.
2) Know how to effectively store food to preserve food value.
3) Aware of the correct criteria of evaluating orders upon delivery.

Study Guide - Know Your Dairy Products, Fruits, and Vegetables -

Dairy Products   Store how

1) Liquid milk -

2) Non-fat dry milk -

3) Buttermilk -

4) Canned -

Containers should be covered to prevent:

Cheese must be _________ and stored in the _________.

Fruit and Vegetables

List three good "rules of thumb" for judging good quality produce.

1)

2)

3)

Best quality fruits and vegetables are those that are:

Green leafy vegetables will last longer if you:

1)

2)

3)

and take the _____ out of iceberg lettuce.

Root vegetables need _________ and _________.

Fresh fruits last only:

Bananas are stored:

Frozen produce must be kept at _________ degrees and only for

_________ months.

How do you properly store canned goods?

Know Your Dairy Products, Fruits, and Vegetables - Quiz.

T - True F - False

____1) The health giving foods are those that look and taste the best.

____2) It is a general truth that cool temperatures are the best for storage.

____3) Dairy products are not potentially hazardous foods.

____4) Bruises can be cut off fruits and vegetables and decay will be gotten rid of.

____5) Grade #1 potatoes are the best quality available.

____6) The best way to be sure of high quality produce is to buy what is in season.

____7) Cheeses need only to be refrigerated for proper storage.

____8) Canned fruits and vegetables are usually more economical than fresh.

FEEDBACK

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Thank you very much for your help. Have a pleasant day.

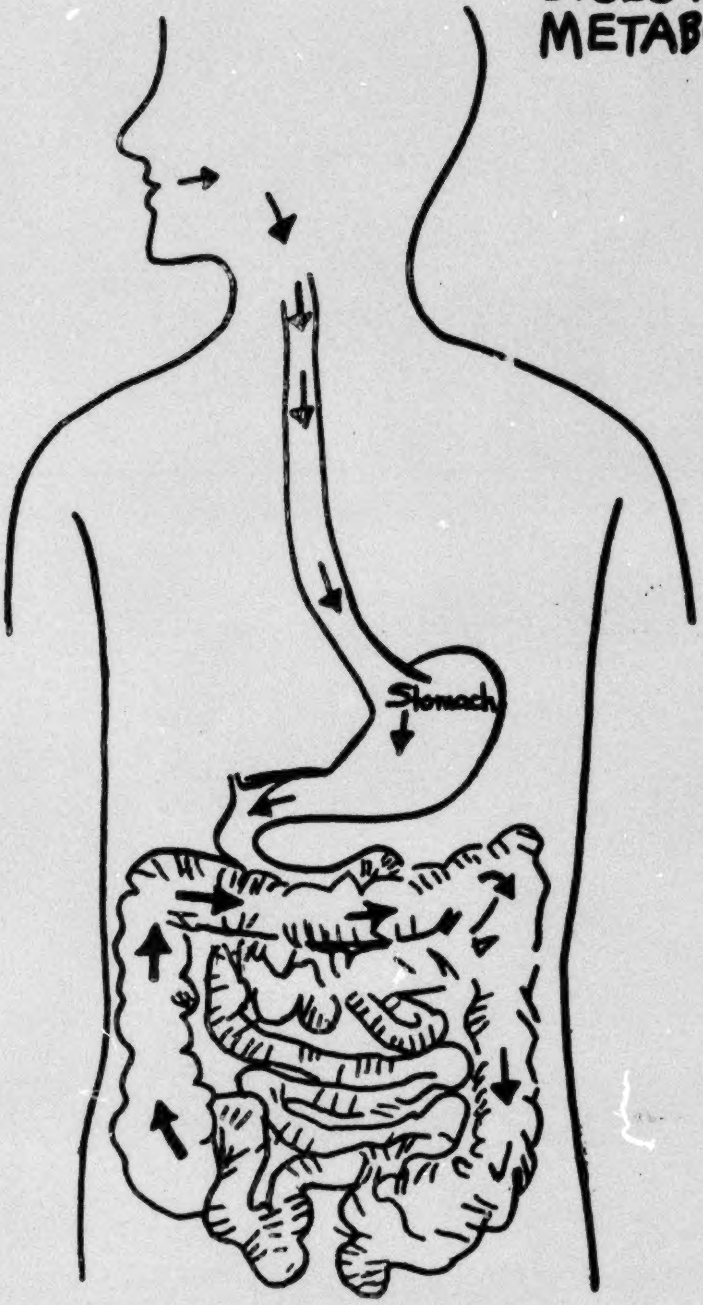
Marvin A. Schrader, Project Director
Karin Pokorski, Dietary Instructor

Objectives Basic Nurtients

Having Completed this Module, Students will Have a:

1. Basic understanding of Body's Metabolic Functions.
2. Working knowledge of the value of each of the Key nutirents in body's function.
3. Working knowledge of the basic four food groups in meal planning and proper substitution when necessary.
4. Understanding of daily caloric needs.

DIGESTION And METABOLISM

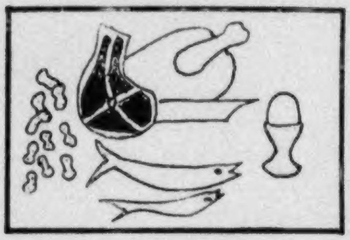
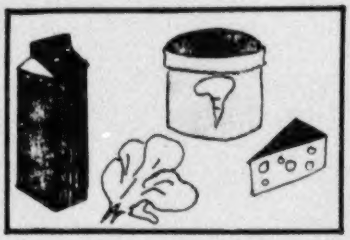
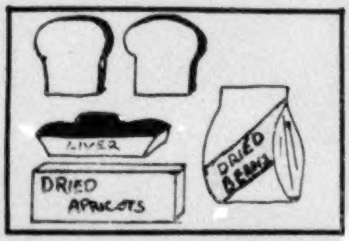


B2630

food resources
and
human nutrition

Key Nutrients

This chart summarizes the key nutrients, some reasons why each is needed, and foods that are good sources of each nutrient. It will help you understand why you should eat a wide variety of food to be well-nourished and healthy.

Nutrient	Why Needed	Some Important Sources
PROTEIN 	1. Builds and maintains all tissues. 2. Forms an important part of enzymes, hormones, and body fluids. 3. Helps form antibodies to fight infection. 4. Supplies energy. 5. A vital part of every cell.	Proteins of top quality for tissue building and repair are found in lean meat, poultry, fish, seafoods, eggs, milk, and cheese. Next best for proteins are dry beans, peas, and nuts. Cereals, bread, vegetables, and fruits also provide some protein but of lower quality.
CALCIUM 	1. Builds bones and teeth. 2. Helps blood to clot. 3. Helps nerves, muscles, and heart to function properly.	Milk--whole, low-fat, skim, buttermilk-fresh, dried, canned; cheese, especially cheddar-types; ice cream; ice milk; leafy vegetables such as collards, dandelion, kale, mustard and turnip greens, broccoli.
IRON  	1. Combines with protein to make hemoglobin, the red substance of blood which carries oxygen from the lungs to muscles, brain, and other parts of the body. 2. Helps cells use oxygen.	Liver, kidney, heart, oysters, lean meat, egg yolk, dry beans, dry peas, dark-green leafy vegetables, dried fruit, whole grain and enriched bread and cereals, and molasses.

COOPERATIVE EXTENSION PROGRAMS
University of Wisconsin–Extension
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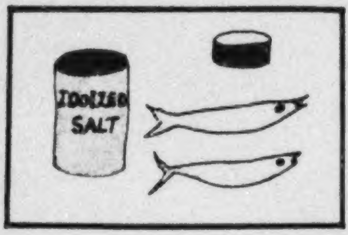
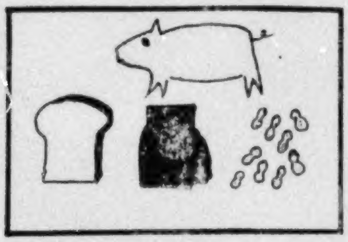
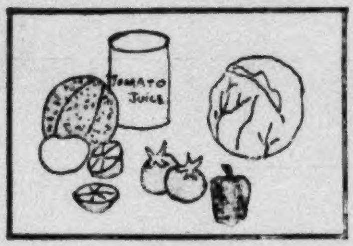
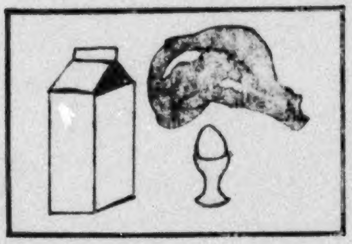
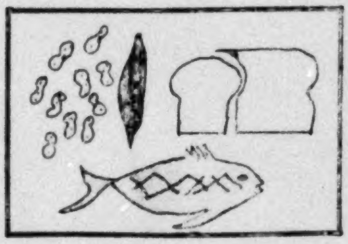
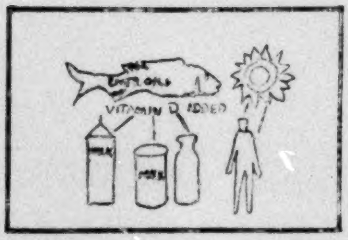
MAY 1974

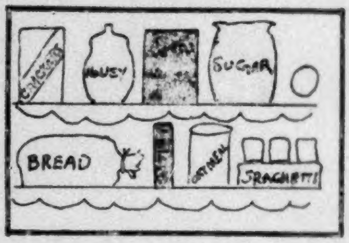
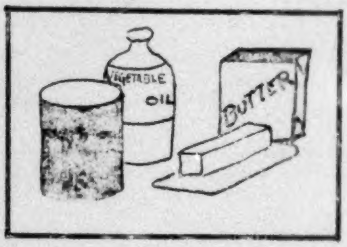
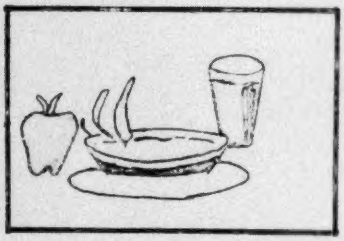
Nutrient	Why Needed	Some Important Sources
IODINE 	1. Helps the thyroid gland work properly.	Iodized salt. Salt water fish and other seafoods.

Vitamins are organic compounds we need for growth and maintenance of life. Vitamins are divided into two groups: the fat soluble (may be stored in the body) and water soluble (may be excreted) factors. Vitamins are carried in the blood stream to all parts of the body.

Vitamins are found in varying quantities in foods. Most foods contain one or more vitamins but no food contains all of them in sufficient quantity to satisfy our requirements so it is important to eat a variety of foods.

VITAMIN A 	1. Helps eyes adjust to dim light. 2. Helps keep skin healthy. 3. Helps keep lining of mouth, nose, throat, and digestive tract healthy and resistant to infection. 4. Promotes growth. 5. Promotes appetite and digestion, especially in children.	Liver; dark-green and deep-yellow vegetables such as broccoli, turnip and other leafy greens, carrots, pumpkin, sweet potatoes, winter squash; apricots, cantaloupe; butter, fortified margarine, yellow corn, green beans, peas.
THIAMINE 	1. Helps body cells obtain energy from food. 2. Helps keep nerves in healthy condition. 3. Promotes good appetite and digestion.	Richest sources: Lean pork, heart, kidney, liver, dry beans and peas, whole grain and enriched cereals and breads, and some nuts. Good to fair sources: lean meats, organ meats, eggs, green leafy vegetables and nuts.

Nutrient	**Some Important Sources**	**Why Needed**
ASCORBIC ACID (Vitamin C)  	1. Helps hold body cells together and strengthens walls of blood vessels. 2. Helps in healing wounds. 3. Helps body to build bones and teeth.	**Cantaloupe, grapefruit, oranges, strawberries, broccoli, Brussels sprouts, raw cabbage, collards, green and sweet red peppers, mustard and turnip greens, potatoes cooked in jacket, and tomatoes.**
RIBOFLAVIN 	1. Helps cells use oxygen to release energy from food. 2. Helps keep eyes healthy. 3. Helps keep skin around mouth and nose smooth.	**Milk, liver, kidney, heart, lean meat, eggs, and dark leafy greens.**
NIACIN 	1. Helps the cells of the body use oxygen to produce energy. 2. Helps to maintain health of skin, tongue, digestive tract, and nervous system.	**Liver, lean meat, poultry, fish, peanuts and peanut butter, beans and peas, and whole grain and enriched breads and cereals.**
VITAMIN D  	1. Helps body use calcium and phosphorus to build strong bones and teeth; important in growing children by helping prevent rickets. 2. Maintenance of bone and dental structures during adult life. 3. Needed by mother and infant during pregnancy and lactation.	**Fish liver oils; perhaps more than any other micronutrient, vitamin D is an important additive to foods, foods fortified with vitamin D, such as milk. Direct sunlight produces vitamin D from cholesterol in the skin.**

Nutrient	Why Needed	Some Important Sources
CARBOHYDRATES  	1. Supply food energy. 2. Help body use fat efficiently. 3. Spare protein for purposes of body building and repair.	Starches: Breads, cereals, corn, grits, potatoes, rice, spaghetti, macaroni and noodles. Sugars: Honey, molassas, sirups, sugar, and other sweets.
FATS  	1. Supply food energy in compact form (weight for weight supplies more than twice as much energy as carbohydrates and proteins). 2. Some supply essential fatty acids. 3. Helps body use certain other nutrients.	Cooking fats and oils, butter, margarine, salad dressings, and oils.
WATER 	1. Important part of all cells and fluids in body. 2. Carrier of nutrients to and waste from cells in the body. 3. Aids in digestion and absorption of food. 4. Helps to regulate body temperature.	Water, beverages, soup, fruits and vegetables. Most foods contain some water.

This publication replaces USDA PA-691 for use in Wisconsin.

This material was reviewed and adapted for use in Wisconsin by Charlotte M. Dunn, associate professor of food science, College of Agricultural and Life Sciences, University of Wisconsin-Madison, and Division of Professional and Human Development, University of Wisconsin-Extension.

University of Wisconsin–Extension, Gale L. VandeBerg, director, in cooperation with the United States Department of Agriculture and Wisconsin counties, publishes this information to further the purpose of the May 8 and June 30, 1914 Acts of Congress, and provides equal opportunities in employment and programming. This publication is available to Wisconsin residents from county Extension agents. It's available to out-of-state purchasers from Agricultural Bulletin Building, 1535 Observatory Drive, Madison, Wisconsin 53706. Editors, before publicizing, should contact the Agricultural Bulletin Building to determine its availability. Price five cents plus postage.

UNITED STATES RECOMMENDED DAILY ALLOWANCES (U.S. RDA)

Adults and Children 4 or more Years of Age *

Vitamin A	5,000	International Units (IU)	Biotin	0.3	mg
Vitamin D	400	IU	Pantothenic Acid	10	mg
Vitamin E	30	IU	Calcium	1.0	Grams (g)
Vitamin C	60	Milligrams (mg)	Phosphorus	1.0	g
Folic Acid	0.4	mg	Iodine	150	micrograms (mcg)
Thiamin	1.5	mg	Iron	18	mg
Riboflavin	1.7	mg	Magnesium	400	mg
Niacin	20	mg	Copper	2.0	mg
Vitamin B_6	2.0	mg	Zinc	15	mg
Vitamin B_{12}	6	Micrograms (mcg)			

The U.S. RDA for protein is 45 grams if the protein quality (Protein Efficiency Ratio or PER) is equal to or greater than that of casein. The U.S. RDA of protein is 65 grams if the protein quality of the produce is less than that of casein.

* Four categories of U.S. RDA values have been established: infants, children under four, adults and children over four, and pregnant or lactating women. Except for special types of dietary foods such as infant foods, the U.S. RDA values on food labels will be based on the Adults and Children over 4 Category.

NOTE: U.S. RDA values utilize the National Academy of Sciences/National Research Council Recommended Dietary Allowances (RDA's) as a base. The values above are based on 1968 RDA's. Revisions in NAS/NRC RDA's may influence the U.S. RDA's in the future.

QUIZ - BASIC NUTRITION

Place the correct number in front of the definition.

1. protein	_____ A carier of nutrients and waste to and from body cells.
2. fats	_____ Supplies energy.
3. carbohydrates	_____ Builds and maintains tissue.
4. water	_____ Adds "staying power" to the diet and carries vitamins A, D, and E.

Fill in the blanks using these words.

iron
variety
digestion
centigrade
calorie
calcium
metabolism
absorbtion
supplements
average

5. Citrus fruits are a good source of vitamin ______________.

6. Most nutrients are ____________ into the body through the small intestine.

7. The mineral responsible for building bones and teeth is ____________.

8. The key to good vitamin intake is to eat a __________ of foods from the fruit and vegetable group.

9. The energy exchange of the body and the potential energy values of foods are expressed in the term ______________.

10. The RDA is based upon the ______________ man's or women's needs.

LET'S TALK MEAT

(beef, veal, pork, lamb)

OBJECTIVES

Having viewed the module students will:

1.) Have an understanding of factors affecting quality of meat cuts.

2.) Know correct storage procedures for meats.

3.) Know how to figure meat portion costs and meat requirements.

4.) Have basic rules for wise purchasing.

LET'S TALK MEATS

STUDY GUIDE

Define following terms briefly

1.) Connective tissue

2.) Coltagen

3.) Fat

4.) Marbling

List two factors that affect the tenderness of meat.

1.)

2.)

Inspected meat is ____.

Grading is ____.

Three qualities affecting a meat's grade is it's __________________,

_________________________, ___________________________________.

CALCULATE COST OF MEAT SERVING

"If you cut and prepare wholesale cuts."

beef ribs 54¢

60% yield

"yield of cooked meat"

20lb. oven-ready roast costs you 90¢/lb.

you get 14 lbs. cooked roast.

"serving yield"

14 lb. cooked roast costs you $1.28/lb.

How to figure quanity of meat to buy

Step 1. Determine size and number of servings you will need to get total serving requirement.

Step 2. Find out what you lose in slicing: divide your serving yield into the pounds of cooked meat you need.

37-1/2 lb. roast 85% yield

Step 3. How much meat to put in the oven. If you have 70% (30% shrink) yield.

Step 4. If you do your own cutting and preparation.

Rules for cold storage of meats

1.)

2.)

3.)

Rules for frozen meats.

1.)

2.)

3.)

4.)

Ideal temperature is under refrigeration a ______________________________ degrees F. or in freezer at _________________________________ degrees F. or lower.

Cost for a Serving of Meat At Various Price Levels

COST PER POUND	APPROXIMATE COST PER SERVING							
	1½ Servings per Pound	2 Servings per Pound	2½ Servings per Pound	3 Servings per Pound	3½ Servings per Pound	4 Servings per Pound	5 Servings per Pound	6 Servings per Pound
$ .39	$ .26	$ .20	$ .16	$ .13	$ .11	$ .10	$ .08	$ .07
.49	.33	.25	.20	.16	.14	.12	.10	.08
.59	.39	.30	.24	.20	.17	.15	.12	.10
.69	.46	.35	.28	.23	.20	.17	.14	.12
.79	.53	.40	.32	.26	.23	.20	.16	.13
.89	.59	.45	.36	.30	.25	.22	.18	.15
.99	.66	.50	.40	.33	.28	.25	.20	.17
1.09	.73	.55	.44	.36	.31	.27	.22	.18
1.19	.79	.60	.48	.40	.34	.30	.24	.20
1.29	.86	.65	.52	.43	.37	.32	.26	.22
1.39	.93	.70	.56	.46	.40	.35	.28	.23
1.49	.99	.75	.60	.50	.43	.37	.30	.25
1.59	1.06	.80	.64	.53	.45	.40	.32	.27
1.69	1.13	.85	.68	.56	.48	.42	.34	.28
1.79	1.19	.90	.72	.60	.51	.45	.36	.30
1.89	1.26	.95	.76	.63	.54	.47	.38	.32
1.99	1.33	1.00	.80	.66	.57	.50	.40	.33
2.09	1.39	1.05	.84	.70	.60	.52	.42	.35
2.19	1.46	1.10	.88	.73	.63	.55	.44	.37
2.29	1.53	1.15	.92	.76	.65	.57	.46	.38
2.39	1.59	1.20	.96	.80	.68	.60	.48	.40
2.49	1.66	1.25	1.00	.83	.71	.62	.50	.42
2.59	1.73	1.30	1.04	.86	.74	.65	.52	.43
2.69	1.79	1.35	1.08	.90	.77	.67	.54	.45

Servings Per Pound to Expect from a Specific Cut of Meat

e servings per pound are only a guide the average amount to buy to pro- de 3 to 3½ ounces of cooked lean meat. The cooking method and cooking temperature, the degree of doneness, e difference in the size of bone in the ne-in cuts and amount of fat trim are me of the factors that vary and will ffect the yield of cooked lean meat.

BEEF

Steaks

Chuck (Arm or Blade)	2
lub	2
Cubed"	4
Filet Mignon	3
Flank	3
orterhouse	2
ib	2
ib Eye (Delmonico)	3
Round	3
Sirloin	2½
-Bone	2
op Loin	3

Roasts

anding	2
ib Eye (Delmonico)	3
Rump, Rolled	3
Sirloin Tip	3

Pot-Roasts

Arm (Chuck)	2
Blade (Chuck)	2
Chuck, Boneless	2½
English (Boston) Cut	2½

Other Cuts

Brisket	3
Cubes, Beef	4
Loaf, Beef	4
Patties, Beef	4
Short Ribs	2

Variety Meats

Brains	5
Heart	5
Kidney	5
Liver	4
Sweetbreads	5
Tongue	5

PORK

Chops and Steaks

Blade Chops or Steaks	3
Boneless Chops	4
Fresh Ham (Leg) Steaks	4
Loin Chops	4
Rib Chops	4
Smoked (Rib or Loin) Chops	4
Smoked Ham (Center Slice) Steaks	5

Roasts

Ham (Leg), Fresh, Bone-in	3
Ham (Leg), Fresh, Boneless	3½
Ham, Smoked, Bone-in	3½
Ham, Smoked, Boneless	5
Ham, Smoked, Canned	5
Boston Shoulder (Rolled) Boneless	3
Loin, Blade	2
Loin (Rolled), Boneless	3½
Loin, Center	2½
Loin, Smoked	3
Picnic Shoulder (Bone-in) Fresh or Smoked	2
Sirloin	2
Smoked Shoulder Roll (Butt)	3

Other Cuts

Back Ribs	1½
Bacon (Regular), Sliced	6
Canadian Style Bacon	5
Country-Style Back Ribs	1½
Cubes (Fresh or Smoked)	4
Hocks (Fresh or Smoked)	1½
Pork Sausage	4
Spareribs	1½
Tenderloin (Whole)	4
Tenderloin (Fillets)	4

Variety Meats

Brains	5
Heart	5
Kidney	5
Liver	4

LAMB

Chops and Steaks

Leg Chops (Steaks)	4
Loin Chops	3
Rib Chops	3
Shoulder Chops	3
Sirloin Chops	3

Roasts

Leg (Bone-in)	3
Leg (Boneless)	4
Shoulder (Bone-in)	2½
Shoulder (Boneless)	3

Other Cuts

Breast	2
Breast (Riblets)	2
Cubes, Lamb	4
Shanks	2

Variety Meats

Heart	5
Kidney	5

In cooperation with The National Livestock and Meat Board, Chicago, Ill.

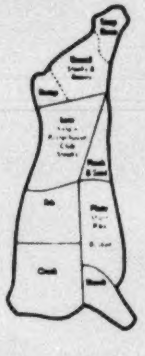
HOW MUCH EATING MEAT?

1,000 lb. STEER

590 lbs.

GOOD TO CHOICE

BEEF



465 lbs. Retail Cuts

	LBS.
PORTERHOUSE, T-BONE & CLUB STEAK	35
SIRLOIN STEAK	40
ROUND STEAK	65
RIB ROAST	45
BONELESS RUMP ROAST	70
CHUCK ROAST	105
HAMBURGER	110
STEW MEAT & MISC. CUTS	45
BONES, FAT, WASTE & SHRINK	125
EATING MEAT	465 LBS.

NOT ALL CATTLE ARE BEEF—NOT ALL BEEF IS STEAK

How Much Meat In A Steer--Calf--Lamb Or Hog

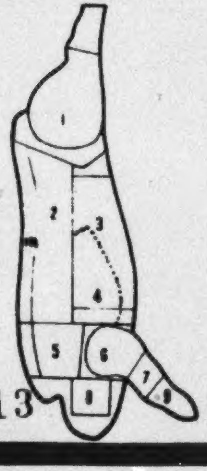
The following table shows the pounds of carcass that you can expect from different classes and grades of livestock. In addition it shows the amount of meat that you can expect to get from each 100 pounds of carcass (dressing percentage).

This dressing percentage will vary with the amount of fat (finish), the amount of weight in the digestive tract and conformation. A thick muscled, fat animal will yield a heavier carcass than one poorly muscled or finished.

Cutting losses will vary with the amount of boning and closeness of trimming.

BEEF	Live Weight	Approx. Dressing %	If Dressed Wt. Was	Approx. Pkg. Wt. Would Be
Choice	1000 lbs.	59%-62%	590 lbs.	465 lbs.
Good	1000 lbs.	56%-59%	560 lbs.	470 lbs.
Standard	1000 lbs.	50%-53%	500 lbs.	455 lbs.
Commercial	1000 lbs.	48%-53%	480 lbs.	425 lbs.
PORK (Head & Leaf Lard In)	200 lbs.	72%	145 lbs.	109 lbs.
VEAL	200 lbs.	61%	122 lbs.	107 lbs.
LAMB	90 lbs.	48%	43 lbs.	33 lbs.

145 lb. PORK CARCASS



(USDA NO. 2 GRADE APPROX.)

Pork Carcass Yield

	Approx % of Dressed Wt	Lbs
1. HAM	18%	26- 28
2. PORK LOIN Chops & Roasts	14%	18- 20
3. BACON	15%	19- 22
4. SPARERIBS	3%	4- 6
5. BOSTON BUTTS	6%	7- 9
6. PICNIC SHOULDERS	7%	9- 10
7. PORK HOCKS	3%	4- 5
8. HEAD	6%	7- 9
9. FEET	3%	4- 5
10. LARD Misc. Cuts, Waste, & Trimmings	25%	34- 41
	100%	145
EATING MEAT	101-111	Lbs

BEEF CARCASS MEAT YIELD

	APPROX % OF DRESSED WT.	FROM 590-LB. CARCASS
1. ROUND (Slow Cooking Steaks, Roasts)	22%	120-130 lbs.
2. LOIN (Sirloin, T-Bone, Club Steaks)	17%	95-105 lbs.
3. RIBS (Standing & Rolled Rib Roasts)	9%	48- 58 lbs.
4. FLANK (Steaks or Stew Meat)	4%	20- 25 lbs.
5. CHUCK or SHOULDER (Pot Roast & Slow Cooking Steaks)	26%	148-158 lbs.
6. PLATE (Corned Beef, Stew Meat, Short Ribs)	12%	65- 75 lbs.
7. SHANK (Soups & Stews)	4%	20- 25 lbs.
8. SUET	6%	30- 40 lbs.
	100%	

AGING . . .

Never "Age" Pork. Instead freeze it as soon as possible after chilling. Only good quality Beef and Lamb should be "Aged" before cutting for storage. Low grade, lean meat will shrink excessively if "Aged." "AGING" means holding the meat (before cutting) at 34 to 38 degrees for seven to ten days.

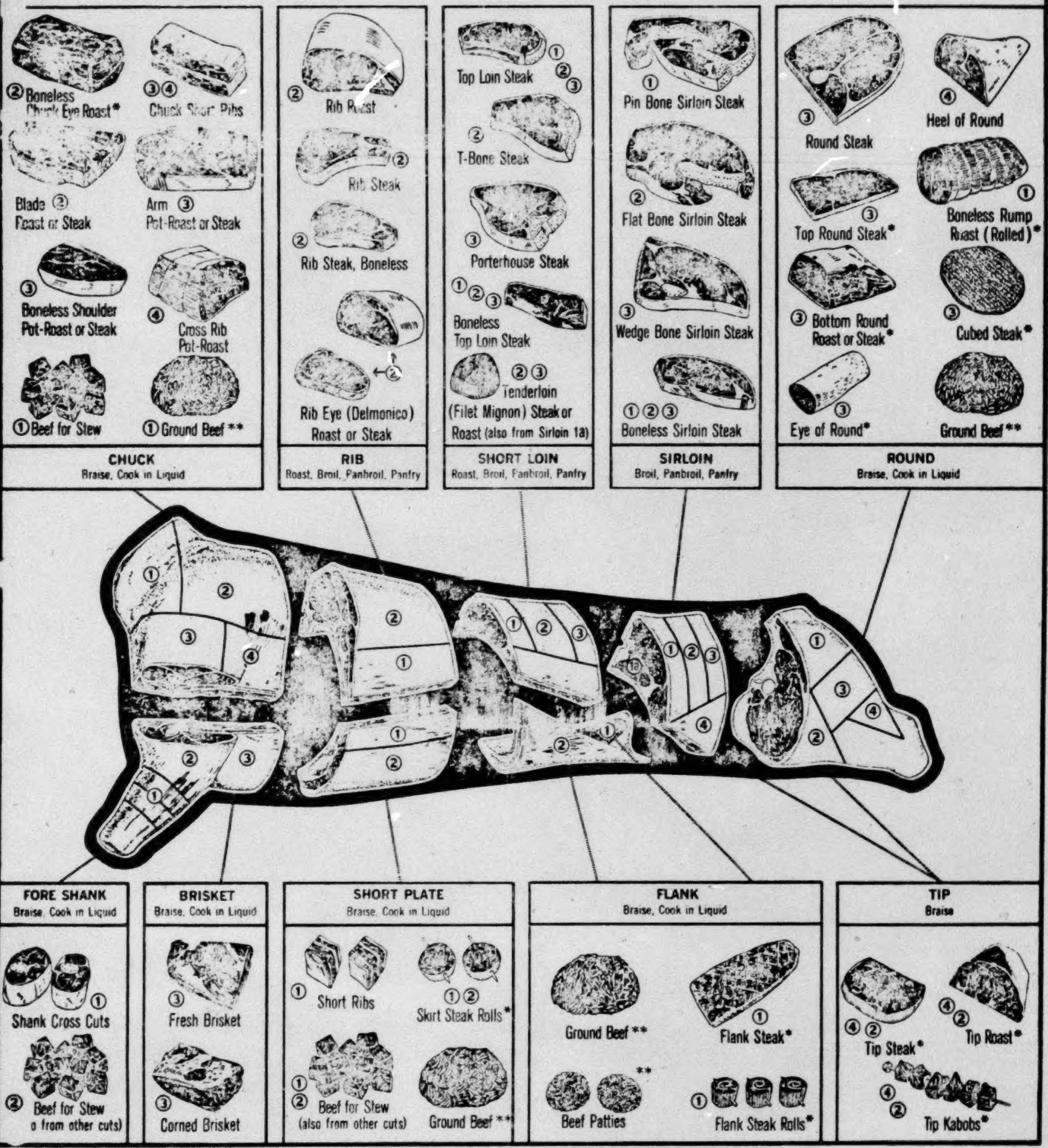
FREEZING . . .

Slow freezing is undesirable as it makes for greater breakdown of muscle cells and subsequent greater juice losses when meat is thawed. Freeze at temperatures as far below zero as possible.

Store meat at zero or lower to prevent rapid development of rancidity. The storage temperature should not vary; fluctuations foster dehydration.

BEEF CHART

RETAIL CUTS OF BEEF — WHERE THEY COME FROM AND HOW TO COOK THEM


② Boneless Chuck Eye Roast*
③④ Chuck Short Ribs
Blade ② Roast or Steak
Arm ③ Pot-Roast or Steak
③ Boneless Shoulder Pot-Roast or Steak
④ Cross Rib Pot-Roast
① Beef for Stew
① Ground Beef **
CHUCK
Braise, Cook in Liquid
② Rib Roast
② Rib Steak
② Rib Steak, Boneless
② Rib Eye (Delmonico) Roast or Steak
RIB
Roast, Broil, Panbroil, Panfry
①②③ Top Loin Steak
② T-Bone Steak
③ Porterhouse Steak
①②③ Boneless Top Loin Steak
②③ Tenderloin (Filet Mignon) Steak or Roast (also from Sirloin 1a)
SHORT LOIN
Roast, Broil, Panbroil, Panfry
① Pin Bone Sirloin Steak
② Flat Bone Sirloin Steak
③ Wedge Bone Sirloin Steak
①②③ Boneless Sirloin Steak
SIRLOIN
Broil, Panbroil, Panfry
③ Round Steak
④ Heel of Round
③ Top Round Steak*
① Boneless Rump Roast (Rolled)*
③ Bottom Round Roast or Steak*
③ Cubed Steak*
③ Eye of Round*
Ground Beef **
ROUND
Braise, Cook in Liquid
①
②
③
④
1a
FORE SHANK
Braise, Cook in Liquid
① Shank Cross Cuts
② Beef for Stew (also from other cuts)
BRISKET
Braise, Cook in Liquid
③ Fresh Brisket
③ Corned Brisket
SHORT PLATE
Braise, Cook in Liquid
① Short Ribs
①② Skirt Steak Rolls*
①② Beef for Stew (also from other cuts)
Ground Beef **
FLANK
Braise, Cook in Liquid
Ground Beef **
① Flank Steak*
Beef Patties **
① Flank Steak Rolls*
TIP
Braise
④② Tip Steak*
④② Tip Roast*
④② Tip Kabobs*

*May be Roasted, Broiled, Panbroiled or Panfried from high quality beef.
**May be Roasted, (Baked), Broiled, Panbroiled or Panfried.

This chart approved by
National Live Stock and Meat Board

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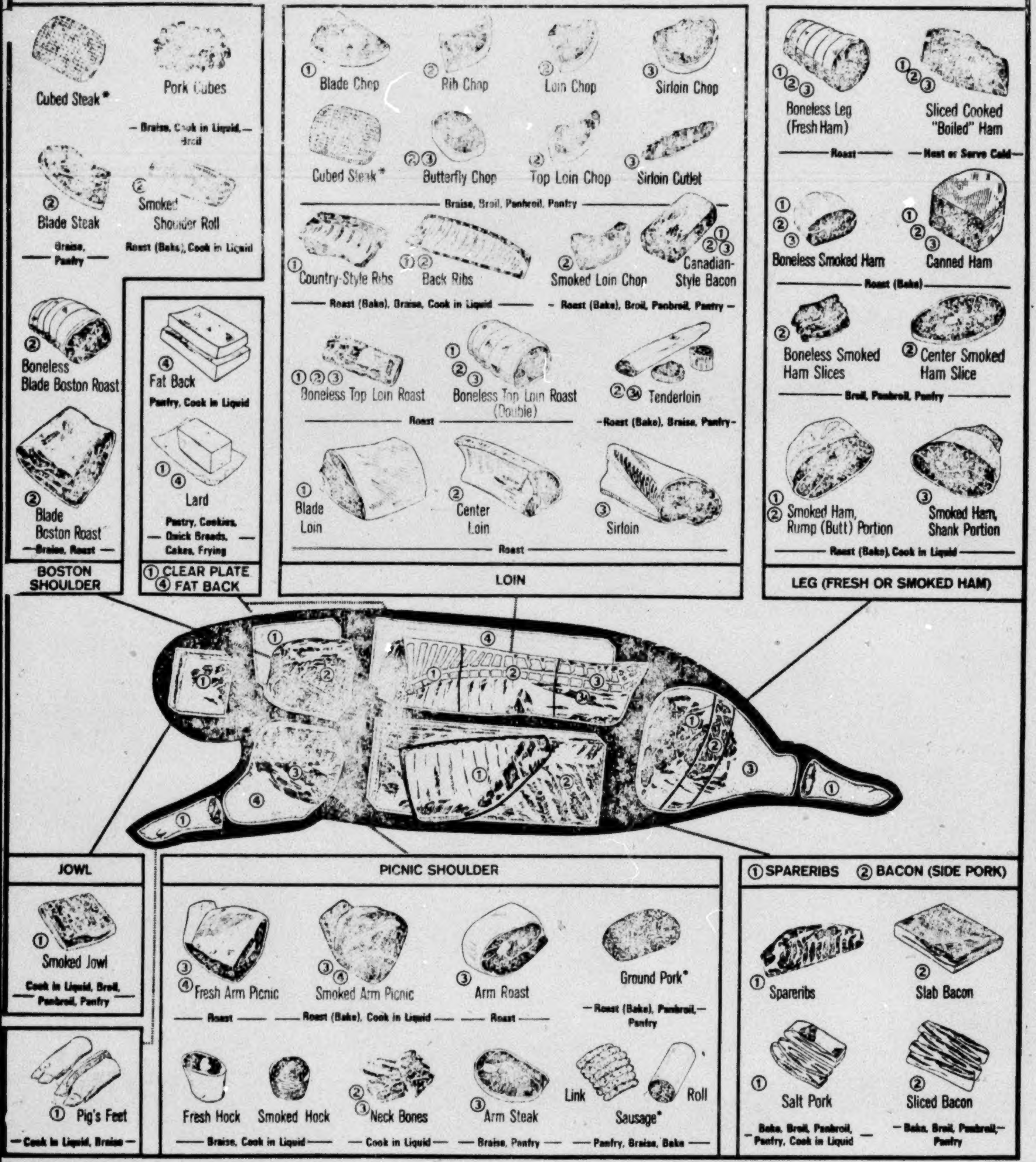
PORK CHART

RETAIL CUTS OF PORK — WHERE THEY COME FROM AND HOW TO COOK THEM


Cubed Steak*
Pork Cubes
— Braise, Cook in Liquid, — Broil
② Blade Steak
Braise, Panfry
② Smoked Shoulder Roll
Roast (Bake), Cook in Liquid
② Boneless Blade Boston Roast
② Blade Boston Roast
— Braise, Roast —
BOSTON SHOULDER
④ Fat Back
Panfry, Cook in Liquid
① ④ Lard
Pastry, Cookies, Quick Breads, Cakes, Frying
① CLEAR PLATE
④ FAT BACK
① Blade Chop
② Rib Chop
② Loin Chop
③ Sirloin Chop
Cubed Steak*
② ③ Butterfly Chop
② Top Loin Chop
③ Sirloin Cutlet
Braise, Broil, Panbroil, Panfry
① Country-Style Ribs
① ② Back Ribs
Roast (Bake), Braise, Cook in Liquid
② Smoked Loin Chop
① ② ③ Canadian-Style Bacon
Roast (Bake), Broil, Panbroil, Panfry
① ② ③ Boneless Top Loin Roast
① ② ③ Boneless Top Loin Roast (Double)
Roast
② ③ Tenderloin
Roast (Bake), Braise, Panfry
① Blade Loin
② Center Loin
③ Sirloin
Roast
LOIN
① ② ③ Boneless Leg (Fresh Ham)
Roast
① ② ③ Sliced Cooked "Boiled" Ham
Heat or Serve Cold
① ② ③ Boneless Smoked Ham
① ② ③ Canned Ham
Roast (Bake)
② Boneless Smoked Ham Slices
② Center Smoked Ham Slice
Broil, Panbroil, Panfry
① ② Smoked Ham, Rump (Butt) Portion
③ Smoked Ham, Shank Portion
Roast (Bake), Cook in Liquid
LEG (FRESH OR SMOKED HAM)
① ② ③ ④
JOWL
① Smoked Jowl
Cook in Liquid, Broil, Panbroil, Panfry
① Pig's Feet
Cook in Liquid, Braise
PICNIC SHOULDER
③ ④ Fresh Arm Picnic
Roast
③ ④ Smoked Arm Picnic
Roast (Bake), Cook in Liquid
③ Arm Roast
Roast
Ground Pork*
Roast (Bake), Panbroil, Panfry
Fresh Hock
Smoked Hock
Braise, Cook in Liquid
② ① Neck Bones
Cook in Liquid
③ Arm Steak
Braise, Panfry
Link
Roll
Sausage*
Panfry, Braise, Bake
① SPARERIBS
② BACON (SIDE PORK)
① Spareribs
② Slab Bacon
① Salt Pork
Bake, Broil, Panbroil, Panfry, Cook in Liquid
② Sliced Bacon
Bake, Broil, Panbroil, Panfry

*May be made from Boston Shoulder, Picnic Shoulder, Loin or Leg.

This chart approved by

National Live Stock and Meat Board

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FEEDBACK

I am interested in your reactions to this lesson. Please answer the following questions by circling the answer that best agrees with your feelings, or by filling in the blank.

1. The lesson was: worthwhile okay useless
2. The lesson was: too long about right too short
3. The Study Guide was: useful okay of little use
4. The lesson was: too difficult about right too easy
5. One thing that I did not like about the lesson was: ____________

    ____
6. One thing that I liked about the lesson was: ____________

    ____

Thank you very much for your help. Have a pleasant day.

Marvin A. Schrader, Project Director
Karin Pokorski, Dietary Instructor

TV INSTRUCTOR - PREPRODUCTION CONSIDERATIONS

The importance of any preproduction process is that it sets aside a specific period of time, before any production work is begun, in which the producer (the TV instructor) can visualize and organize the various elements of the production and discuss them with the other members of the production team (media and curriculum specialists, and TV director).

1. Script or outline preparation

   A copy should be made available to the TV director.

   The script can also be used to answer technical questions of TV director such as:

   a. What kinds of camera shots are needed?

      (i) wide angle
      (ii) close-up

   b. What angle and placement of camera(s) will be best?

      (i) frontal
      (ii) side
      (iii) over-the-shoulder

   c. What pauses can be expected?

      (i) time needed to prepare for next sequence
      (ii) time needed to complete a portion not to be on the video tape

   d. What is to be done next during the demonstration?

      (i) sequence
      (ii) size
      (iii) location on set

2. Production of visuals

   If you plan to use visual aids, check with Audiovisual Services well in advance of the production date. You will be advised of the most effective way to visually present your information: the amount of information that can be presented on a slide or chart. Suggestions will be given in proper selection and construction that will increase the visibility and impact of the visuals in the presentation. Assistance can be given in the actual construction of the visuals as well.

   a. Title cards
   b. Charts and maps
   c. Photographs
   d. Art work
   e. Slides

3. Clothing on television

   a. Avoid stripes or plaids.

   b. Dark clothes are preferred because they set off the face better and provide a background for names and titles when they are super-imposed on the screen.

   c. Colored shirts, blouses and dresses are usually preferred to white ones. Light blue is the best color.

   d. Avoid wearing reflective jewelry and watches that will reflect studio lights causing sharp distracting highlights in the picture.

   e. The clothing colors should harmonize with surrounding set colors.

   f. Have colors of shirt, blouse or dress so that it will provide a contrasting background for components of the demonstration being presented, i.e. clothing, instruments and machines. This is especially true for displaying small objects.

4. Props and sets

   List and give the location on the set of the equipment, instruments, models, tables, blackboard, etc. you will be using for the video taping session so the TV technician can set up the proper lighting in advance.

12/75

Appendix E

The Sheboygan Press
SEC. II Sheboygan, Wis., Thursday, June 10, 1976

LTI Giving Health Care In-Service Training

In-service training has become a necessity for health care facilities throughout Wisconsin in recent years in order to meet regulations established by the state.

Institutions have met their in-service needs in different ways, but one of the most unique is the one developed by Lakeshore Technical Institute and the Sheboygan County Comprehensive Health Center this past year involving a combination of modern educational methods and individual help by LTI staff members in the health center.

"Traditionally, in-service programs have involved bringing staff members from several institutions together in one location for a day-long program on some particular topic," LTI Curriculum Specialist and Project Director Marvin Schrader explained.

"This has meant that key staff members had to be released from duty during the day while those on other shifts found it difficult to attend. This project was an effort on our part to try a new approach by developing an in-service program that would be geared to the needs of the individual institution."

Videotape Training

The pilot program was designed initially to provide training for employes working in the health center's dietary, nursing, and custodial-maintenance services. Each month LTI develops videotape training modules and training guides in each of these areas.

"Employes in the center can utilize these materials at their own convenience," Schrader explained. "Whenever they have a free period or lull in activity, they can view the tape and review the study guide. This results in a minimum of interruption for the hospital staff and allows persons on all shifts to complete their in-service training.

The service also provides personal help by LTI instructors Vicki Jensen, nursing care instructor; Karin Pokorski, dietary instructor, and Ken Schrimpf, housekeeping-janitorial instructor who visit the center once a month for conferences with the employes and their supervisors.

"We feel this contact is important because it gives the instructor an "We feel this contact is important because it gives the instructor an opportunity to meet with the employees and discuss ways to improve the program," Schrader poined out. "This kind of cooperative effort is essential to the future success of the program not only in the health center but also at other locations within the district."

Periodic Meetings

The instructors and their respective LTI supervisors — George Gruber, Health Occupations; Toni Pontar, Home Economics, and George Zimmerman, Trade and Industry — meet periodically with John Van Der Male, Comprehensive Health Center administrator, and his supervisory staff. They include Mary Jane VanLoon, director of nursing services; Margaret Hoffmann, food supervisor, and Don Diener, building maintenance supervisor.

Comprehensive Health Center administrative staff to select the subjects the staff views as important in terms of educational needs for the facility's employes.

Van Der Male said he is pleased with the results of the program thus far.

"This is the only way you can conduct an in-service program without loss of time and without paying additional salaries. Our employes watch the videotapes when they have time, and it puts them at ease because they are not in a large classroom situation," Van Der Male said.

He added that since employes view the tapes while on the job, they do not have to make arrangements to attend a special in-service program, thereby eliminating an additional hardship on their families.

Expansion Planned

Health Occupations Supervisor Gruber, who was instrumental in conceiving and developing the unique in-service educational program, said LTI plans to expand the program to other health care facilities in Sheboygan and Manitowoc counties next year.

"The number of facilities accommodated will depend on the success of grant applications and budget considerations," Grube said.

Schrader and Van Der Male have invited other institutions to visit the Sheboygan County Comprehensive Health Center to observe the program in action.

"We feel this is an innovative and productive method to meet the need for in-service training in all health care institutions in Sheboygan and Manitowoc counties.

Additional information can be obtained by contacting any of the LTI staff members involved in the program.

COMPREHENSIVE HEALTH CENTER dietary service employes Brian Kilton and Alice Whitney view an instructional video tape during a break in their work schedule. The tapes are produced by LTI as part of a unique in-service program developed for the Center.

LTI AND SHEBOYGAN COUNTY COMPREHENSIVE HEALTH CENTER representatives meet periodically to discuss the pilot in-service program developed for the Center. Shown reviewing the training guide for dietary service employees are (standing-left) John Van Der Male, Center Administrator and Marvin Schrader, LTI Curriculum Specialist and project director. Seats are (left) Margaret Hoffman, Center Food Supervisor and LTI Dietary instructor Karin Pokorski.

Appendix F

SHEBOYGAN COUNTY
COMPREHENSIVE HEALTH CENTER
BOX 100
SHEBOYGAN FALLS, WISCONSIN 53085

Employees Enrolled-March 2, 1976

NURSING SERVICE 510-630-01

1. Holzer, Janet
2. Schroeder, Kathy
3. Roelse, Helma
4. Jorden, Veronica
5. Trass, Leonard
6. Gruden, Elsie
7. Ule, Ann
8. TenHaken, Betty
9. Mondloch, Jean
10. Schlosser, Sharon
11. Behr, Linda
12. Jacobson, Minnie
13. Koene, Ralph
14. Zien, Susan
15. Helmer, Val
16. Neumann, Diane
17. Robson, Joyce
18. Schmitt, Linda
19. Dekker, Mary
20. Lamb, Mary
21. Bertram, Linda
22. Larson, Monika
23. DeGroff, Diane
24. Voeks, Howard
25. TenHaken, Bruce
26. Maertz, Sue
27. Brummeier, Martha
28. Klein, Maxine
29. Matthies, Martha
30. Dolfin, Ann
31. Maner, Bonnie
32. Heinrich, Kathryn
33. Murphy, Dennis
34. Gensch, Susan
35. Van Wyk, Luetta
36. Kubish, Vida
37. Wulff, Linda
38. Pyrek, Mona
39. Westhuis, Debra
40. Zarn, Kathyrn
41. Halida, Caroline
42. Bichler, Mary Ann
43. Dittmer, David
44. Dorn, Doris
45. Jordan, Dwain
46. Schmidt, Mary
47. Schmid, Mary
48. Green, Patricia
49. Pokel, Evelyn
50. Tupper, Steven
51. Hoogstra, Gail
52. Dolfin, James
53. Nack, Dale
54. Scholten, Patricia
55. Messner, Elsie
56. Meinnert, Sheila
57. Soerens, Brenda
58. Debbonk, Lavonne
59. Leider, Ruth
60. Ver Gowe, Beverly
61. Heinrich, Pauline
62. Siebenaler, Mary
63. Stempihar, Aloysius
64. Meinnert, Pamela
65. Ramaker, Joan
66. Daane, Cindy
67. Duford, Karen
68. Rhines, Mary
69. Duenk, Steven
70. Haberbosch, Gwen

KITCHEN 318-630-01

1. Haag, Joan
2. Matson, Lynda
3. Teetzen, Jonathon
4. Mason, Alberta
5. Luedtke, Olive
6. Felsher, Marie
7. Patzke, Lynne
8. Soczka, Gail
9. Sabourin, Alice
10. Reilly, Sue Lynn
11. Van Dixhorn, Geraldine
12. Behr, Carita
13. Kilton, Brian
14. McDonell, Eleanor

MAINT. & HOSK.

1. Zube, Roger
2. Baumgartner, Edna
3. Beyer, Albert
4. Miller, Virginia
5. Pennings, Lucille
6. Starck, Ruth
7. Weigel, Mary
8. Witt, DeVonne
9. Barber, Reginald
10. Kober, Alex
11. Fieber, Arthur
12. Ronland, Russell
13. Forsterling, Benjamin
14. Kaat, Janice

Appendix G

GUIDELINES FOR THE OPERATIONS OF IN-SERVICE CONTINUING EDUCATION PROGRAMS FOR NURSING HOMES AND HOSPITALS IN THE LAKESHORE TECHNICAL INSTITUTE AREA

DEFINITIONS:

Health Agency:

The health agency shall be construed as being a nursing home or hospital for the purposes of this project.

Participating Health Agency:

The participating health agency is one that has expressed an interest in the in-service continuing education program and enrolls its employees in at least one category of the program.

Videotape Lesson:

The videotape lesson on a particular subject prepared in a videotaping studio and presented through the means of a videotape cassette. This video cassette lesson will usually be approximately 40-60 minutes in length.

Visitation Lesson:

The visitation lesson is that unit of instruction provided by direct visitation of the instructor to the participating health agency. The instructor shall spend approximately one hour at the health agency site. During this time, the instructor will hold conferences with the enrolled students, discuss the education assimilation process with both students and department heads, and provide supplementary material either in printed or oral form that relate to the video lesson itself.

Team of Instructors:

At the inception of this program, this will refer to the three specialized instructors in the fields of housekeeping, dietary, and nursing service areas. These instructors will be Lakeshore Technical Institute instructors and will be the individuals who will be involved with preparation of the videotape lesson modules.

GUIDELINES:

1. In order to become a participating health agency, the nursing home or hospital interested in this in-service continuing education program shall make provisions for a sufficient number of its employees to enroll in the program. The health agency shall also show its interest in the success of the program by making time available for conferences between the instructors and the department heads so as to determine subject matter for future video modules and to provide a flow of information on the progress of the students and the impact of the educational process.

   The health agency will also provide a representative for an advisory committee that will guide the development of the program.

2. Program length and lesson units: Each videotape cassette provided to the participating health agency on a monthly basis will be construed as one lesson unit. Each one-hour visitation by an instructor will be construed as one lesson unit. Under the regular enrollment procedures for the program, each registering employee shall be enrolled for a one-year term comprised of ten months of in-service educational instruction for a total of 20 total hours of in-service continuing education lessons. Under this system the participating

agency shall receive one videotape lesson and one visitation by an instructor each month for a total of ten months. This will total 20 hours of in-service lesson instruction in any one category. The three categories to which these lesson units will be addressed will be in the fields of dietary service, housekeeping service, and nursing service.

The employees in each one of those categories must enroll in total. (That is, all the employees that are employed in the dietary department of that participating facility must enroll at the onset of the program.) Employees who are hired after the beginning date of the ten-month in-service program need not be enrolled in the program at the discretion of the participating agency.

In respect to the nursing service employees, these shall be identified as nursing assistants, practical nurses, and associate degree nurses.

Each student enrolled in a program will be charged a tuition fee of 50 cents per lesson unit, or a total of $10 for the 20 hours of instruction offered over the ten-month period.

3. To provide viable student bodies for the program in terms of instructional expenses incurred, the following parameters should be observed:

    a. Groups of less than ten students in one particular category (i.e., housekeeping) may be served with the understanding that the instructor visitations may be decreased by a factor that would provide a ten-student ratio per class meeting time. For example, five students may be enrolled in the housekeeping category at a participating health agency. The housekeeping category instructor will then make only one agency visitation every other month rather than once each ten-month period. In the alternate months of nonvisitation, the instructor will answer questions on the visual module by mail or telephone.

4. Extra unit lessons: If a participating agency wishes to provide additional visitations per month or additional visual modules per month for its employees, these units may be added in increments of one lesson unit of instructional time per visitation modules added or per video module added. For example, if a participating agency wishes to receive two visual modules for a month for its nursing service category plus one teacher visitation per month for that same category, then the nursing service category employees will be enrolled for a total of three lesson units per month or a total of 30 per year. The tuition fee is 50 cents per student per lesson unit; consequently, this would equal a total tuition fee of $15 for the entire year.

   If the participating agency wished to receive two visual modules plus two visitations per category of students, this would then amount to four lesson units per month or 40 lesson units per year; and the subsequent enrollment tuition fee would be $40 per student per year.

   If the number of employees enrolled from a particular category of employees is extremely large (i.e., above 35 or 40), the instructor may arrange to provide for more conference time with the student body by lengthening the visitation period or making an additional visitation without altering the tuition fee charges.

New and Departing Employees:

New employees may sign up for the program after its inception but must sign up for the entire program even though they have missed the first few lessons. The instructor will make every attempt to assist them in viewing and making up lesson modules previously shown at that health agency by arranging visitations to other health agencies who are in possession of the missing lesson modules or to the LTI Campus for review of the module at the school site.

If an employee who has registered for the program leaves the employ of the participating health agency, there will be no refunds of tuition fees for the total program.

Lesson Unit Selection:

Instructors will meet with the department heads of each participating category (dietary, housekeeping, and nursing) on a quarterly basis to obtain input as to the evaluation of the program by both student body and the department heads and to provide for a selection of future lesson modules through the interest and decisions made by the employees and their department heads.

Advisory Committee:

An advisory committee consisting of one representative from each of the participating agencies shall meet at the Lakeshore Technical Institute Cleveland Campus at least three times per year. This advisory committee will guide the program through its developmental stages and help shape the curriculum to the needs of the participating agencies and the student body. The representatives for this advisory committee will be appointed by the administrative head of the participating health agency.

Schedule of Offerings:

The target date for the onset of this program will be September of 1976. Health agencies may become participating health agencies by starting with the program in September. Health agencies who wish to start at a later time may start their enrollment procedures and begin the program in March of the following year. Thus, new agencies added to the consortium will be started with the program in either September or March of each year.

No lesson units will be offered in July or August of each year so that vacation opportunities for employees and the instructors may be sheltered.

INTENT:

While the 50 cent tuition fee will not provide any meaningful amounts of budgetary expenses, the intent is to comply with the regulations of the state of Wisconsin to provide for tuition fees for continuing education offered by the VTAE System. It will also serve to commit the participating agencies and the student body to serious pursuance of the opportunities provided by this in-service continuing education program and provide some means of enriching the reservoir of audio-visual materials prepared for the lesson units. An initial grant request is being filed; and should that be forthcoming, the video play-back units will be made available to the participating agencies at no cost.

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Appendix H

DISCUSSION OF PILOT PROJECT FOR THE DEVELOPMENT OF INSERVICE-CONTINUING EDUCATION FOR NURSING HOMES AND SMALL HOSPITALS

Date: November 21, 1975
Time: 2:00 p.m.
Place: Sheboygan County Comprehensive Health Center

Persons in Attendance: Sheboygan County Comprehensive Health Center--Mr. John Van Der Male, Administrator; Mrs. Margaret Hoffman, Food Supervisor; Mr. Phil Schmidt, Volunteer Services; Ms. Marge Gilligan, Occupational Therapy; Mr. Don Diener, Building Maintenance Supervisor; Mrs. Mary Jane Van Loon, Director of Nursing Services; Ms. Margie Bruggink, Administrative Assistant; Ms. Sharon Sandmier, Administrative Secretary; Mr. Rueben Ten Haken, Social Service Director

Lakeshore Technical Institute--Mr. George Gruber, Health Occupations Supervisor; Ms. Toni Pontar, Home Economics Supervisor; Mr. Marvin Schrader, Mini-grant Project Director; Mr. George Zimmerman, Trade and Industry Coordinator

The meeting was held to discuss the areas to be included and the procedures to be used in the pilot project of the Inservice-Continuing Education for Nursing Homes and Small Hospitals. The following items were discussed:

1. Pilot Study

   The objectives of the pilot study were presented as being:

   a. To determine the feasibility of a VTAE District to provide such training for health care facilities.

   b. To produce modules suitable for inservice-continuing education in three areas: dietary services, housekeeping-janitorial services, and nursing care services for the Practical Nurse and Nursing Assistant levels.

   c. To delevop a delivery system that will allow for faculty inservice-continuing education at a practical budget level.

   d. To develop a system that will provide inservice-continuing education in facilities that could not provide the required minimum number of students in one area alone in a specified classroom setting.

   The emphasis is to be on the continuing education for inservice rather than to prepare employees for their jobs.

2. Timing

   The video playback unit is to be delivered to the center sometime before February 1, 1976. The first module will be delivered during the first week of February.

3. Areas to be Included

   The three areas of dietary, housekeeping-janitorial, and nursing care (LPN and NA) were discussed. The discussion also gave the reason for excluding the RN because of VTAE-University System Agreement.

4. Modules

It was decided that there would be one module that would be common. This module would be that of communications. The three areas would have input, however, into the content of the communications module.

Four additional modules would be produced for each of the areas. The center's supervisor is to determine tentative titles and content for the modules for persons in that area and would interact with the instructor for the final determination of the titles and content of the modules.

5. Areas and Numbers of Persons in Each Area

The following three areas were identified with the corresponding numbers of employees in each of the areas:

a. Dietary Services - 12 employees

b. Housekeeping and Janitorial Services - 18 employees

c. Nursing Care Services (LPN and NA) - 68 employees

Total is 100 employees.

6. Costs

The costs of the project were discussed and the following resulted:

a. Project Costs

The total costs of instructor time, mileage, and other costs associated with the production of modules would be borne by the project itself.

b. Sheboygan County Comprehensive Health Center

The $5 cost per employee for registration would be paid by the center.

7. Instruction

Each lesson is to be equated to two hours of instruction per month as it includes:

a. One-hour instructional module

b. A student study guide

c. A student post-test

d. A one-hour period of instructor availability at the center for discussion of student questions, etc.

8. Contact Persons

a. Sheboygan County Comprehensive Health Center

Mr. John Van Der Male, Administrator; Mr. Don Diener, Building Maintenance Supervisor; Mrs. Margaret Hoffman, Food Services Supervisor; Mrs. Jane Van Loon, Director of Nursing Services

b. Lakeshore Technical Institute

Mr. Marvin Schrader, Mini-grant Project Director; Mr. George Gruber, Supervisor of Health Occupations; Ms. Toni Pontar, Supervisor of Home Ec; Mr. George Zimmerman, Coordinator of Trade and Industry

9. Next Meeting

a. Date

Wednesday, December 17, at 9:00 a.m.

b. Location

Sheboygan County Comprehensive Health Center

c. Who

Marvin Schrader, George Gruber, and three instructors from LTI; Mr. Van Der Male, and three supervisors from Sheboygan County Comprehensive Health Center

d. Purpose

To determine the topics for modules and identify the content to be included under each topic.

dn

6/74

LAKESHORE TECHNICAL INSTITUTE

1290 North Avenue
Cleveland, Wisconsin

CONFERENCE REPORT

Name of Conference: N.H. And H Inservice Continuing Ed. Pilot Program Conf. **Date:** December 18, 1975

Name of Local Conferee: George Gruber **Location:** [illegible] County Comp. Health Center

Conference Sponsor: Mr. John Van Der Male, Adm.

Report on the conference in relation to the following four topics:

- **I. Individuals present and organizations represented.**
- **II. Nature of conference and outstanding contributors.**
- **III. Ideas from the conference that could be implemented in our District and recommendation for change.**
- **IV. How the conference was worthwhile and useful to the conferee.**

Individuals present: Sheboygan County Health Center--John Van Der Male, Adm.; Mr. Don Diener, Bldg. Maint. Supervisor; Mrs. Margaret Hoffman, Food Services Supervisor; Mrs. James Van Loon, Dir. of Nursing Services; LTI representatives--Mr. Marvin Schrader, Mr. George Gruber, Ms. Karin Pokorski, Mr. Kenneth Schrimpf; Ms. Vicki Lee Jensen.

Nature of the conference - The conference was called to decide on the scheduling of videotape modules for the pilot program in the area of inservice continuing education for the Sheboygan County Comprehensive Health Center. In addition to the scheduling of the video modules, the scheduling of the instructor visitations to the institution, the subject material covered by the video modules, and the methodology of presentation were discussed at this conference.

Ideas from the conference - It was determined that the video cassette tape playback unit would be delivered to the institution on or about January 27, 1976. This will give the employees a chance to become acquainted with its operation prior to the receipt of the first video module lesson which will be delivered close to the first of the month.

It was also determined that a fifteen-minute video module would be prepared for orientation of the employees to the video module playback units system and to the program itself. This fifteen-minute video module will allow the instructors to introduce themselves to the one hundred employees that are enrolled for this program. Each of the instructors will be given a one-minute segment in that module to present themselves and also give the instructors the opportunity to emphasis the testing done in relationship to video module lessons will be for the purpose of self-evaluation on the student's part and not as a grading mechanism. Neither will there be any records kept of those test grades.

Division, Supervisor **School Administrator**

The department heads of the Sheboygan County Comprehensive Center (named in the first section) will (along with Mr. John Van Der Male) visit the TV studio at the LTI Cleveland campus on January 12 at 9:00 a.m. so that they too can be videotaped with their endorsement of the program and their own assurance of the importance of this learning procedure to the employees. Each of these individuals will be given a one-minute period of time to present their viewpoints. Finally this fifteen-minute tape will also contain a five-minute segment describing the program, listing the objectives and presenting an overall picture of the thrust of the program.

In addition to the one-minute segments and the five-minute summary of the program objectives, Mr. Schrader will present a two-minute introductory demonstration of how to operate the videotape playback unit. The fifteen-minute orientation video module will be delivered to the Sheboygan County Comprehensive Center along with the playback unit on or about the 27th of January. The employees will then be encouraged to use this videotape cassette as a demonstration with which they can practice their utilization of the video playback unit.

It is also emphasized that the conference days and time period between the instructors and students will be worked out at between the department heads the instructors themselves. In fact, this was accomplished during the individual conferences between the department heads and the instructors that follow the general meeting between all parties. It was also agreed upon that the conferences by each instructor and their students will be taped on cassette tape and the cassette tapes will be left at the Comprehensive Health Center for the use of students who were not able to be present during the instructor's visitation to the Center. This will allow these individuals to obtain first-hand information as to answers to some of the questions raised and some of the discussions that took place during that teacher visitation.

How the conference was worthwhile - The conference was extremely useful in introducing the instructors to the department heads and developing a sense of rapport and direction for all individuals concerned with the success of the program. There was great enthusiasm shown by all parties and a considerable amount of preliminary work was accomplished by the individual meetings between the instructors and department heads. The subject selection for the four individual module lessons was done during these individual meeting sessions and days and times were selected for the instructor visitation.

Nursing Services	Last Wednesday of month	2- 3 p.m.
Housekeeping Services	Second Tuesday of month	10-11 a.m.
Dietary Services	Third Wednesday of month	10-11 a.m.

Additional information was developed during the general conference. This will help the instructors and supervisors to develop the program to meet specific needs. Among these needs, is an indication that at least one or two of the prospective students will have reading and writing difficulties. It may then be necessary to quiz these individuals orally and provide a little more input in an oral-visual sense to these individuals. This problem appears to be centered in the housekeeping area. It was also discerned that the sex of the individual has no bearing on the work assignment in that female housekeeping tenants are expected to handle the equipment as well as their male counterparts handle it.

It was also agreed upon that the tests would be self-help tests to determine principally if the material was being absorbed and to help students to correct themselves in areas of weakness or misunderstanding. Where possible the tests will be given back to the employee for their own review.

The three instructors will form a team to present the common videotape unit on "Communications." These instructors will utilize General Education instructors for consultation in development of this "Communication" video module. The "Communication" video module will be due on February 2 and will be the first videotape cassette that the students will receive as a lesson unit. In discussing the contents of the "Communication" video module, it was determined that it would be best to address it on a person-to-person communication basis and not tie it into the employee to patient communication subject area. It is anticipated that the communications video module would address itself to learning to communicate in the areas of observing, listening, thinking, reading, writing, and talking techniques. A list of audiovisual materials on general communications is available and the instructors will utilize this along with the general education instructor consultant to prepare the videotape module on "Communications." In that respect, the three instructors were advised to have an early meeting in January so that they could begin work on this first videotape module. The instructors can arrange their own meeting time and to that effect, their names are listed below along with their phone number so that they may contact each other and arrange a mutual meeting place and time. The following are the individuals:

In the dietary sector--Mis Karin Pokorski, phone number--684-3598 (Manitowoc).

In the housekeeping sector--Mr. Kenneth Schrimpf, phone number--452-3611.

In the nursing services sector--Ms. Vicki Lee Jensen, phone number--458-9033.

It will be Mr. Gruber's responsibility to arrange for a general education instructor specialist in communications to attend this early January meeting scheduled by the instructors to help formulate the video module on the communications subject.

Self-addressed stamped envelopes will be left at the center so the post tests are taken by the students (and collected by the department heads); these may be mailed in groups of ten or twenty to the instructor. It is advised that multi-choice or short-answer tests should be a method utilized for the post tests. With the substantial number of post tests being taken and the number of students involved, any lengthy exams with essay-type questions would prove an unwieldy burden for the instructors. It was also indicated to the department heads that the employee should be urged to utilize the video learning process as often as they wish and it would be highly recommended at times for the different categories of employees to view video modules designed for other categories if these have some general information that are useful to them as well as to the category of the worker for which the video module is specifically prepared. Again this may be done the employee on their own time if the individual is thus willing.

In terms of the nursing service, the following list of subject material has received preliminary designation by the department head and the instructor:

1. Diabetes--general overview--symptoms of, reactions, observation charting

2. Isolation techniques and infection control
3. Restraints in body mechanism with listing
4. Oral hygiene

In the housekeeping sector, the following list of subject material has received preliminary approval by the department head and the instructor:

1. Maintenance job descriptions and work scheduling
2. Preventive carpentry, electrical, and plumbing maintenance
3. Observations, before, during, and after cleaning various areas

In the dietary sector, the following list of subject material has received preliminary approval by the department head and the instructor:

1. Basic sanitation for the food handler--hot and cold foods
2. Micro-world
3. Procuring and storing food
4. Diet modification

The meeting was helpful in determining the correct numbers of subject material, the relationships between the instructors in the institution personnel; the procedures to be followed, the time scheduling; the general agreement of the importance of the task and its values. The meeting began at 9 a.m. and ended at 11 p.m.

6/74

LAKESHORE TECHNICAL INSTITUTE

1290 North Avenue
Cleveland, Wisconsin

CONFERENCE REPORT

Name of Conference: NH & H In-Service Continuing Education Pilot Program Progress

Date: 4/15/76

Name of Local Conferee: Marvin Schrader and other LTI Staff

Location: Sheboygan County Comprehensive Health Center

Conference Sponsor Mr. John Van Der Male, Administrator

Report on the conference in relation to the following four topics:

I. Individuals present and organizations represented.
II. Nature of conference and outstanding contributors.
III. Ideas from the conference that could be implemented in our District and recommendation for change.
IV. How the conference was worthwhile and useful to the conferee.

I. Individuals present and organizations represented: Sheboygan County Health Center - Mr. John Van Der Male, Administrator; Mr. Don Diener, Building Maintenance Supervisor; Mrs. Margaret Hoffman, Food Services Supervisor; Mrs. James Van Loon, Director of Nursing Services; and Mrs. Margie Bruggink, Administrative Assistant.

LTI representatives: Mr. Marvin Schrader, Mr. George Gruber, Miss Toni Pontar, Mr. George Zimmerman, Mrs. Karin Pokorski, and Mr. Kenneth Schrimpf.

II. The nature of the conference: The conference was called to discuss the progress of the Pilot Program and to make suggestions for changes for the duration of the program.

1. Reactions to Dietary Instruction:

The instructor indicated all dietary personnel have been in on each of the conferences. She felt that there was open criticism from staff members which had been very helpful. The reaction to examinations had been good, and several indicated that they were not challenging enough. She feels that the study guide is an interval and necessary part of the modules. She listed one concern that had been expressed--that of the difficulty of filling in blanks on the study guide while viewing the video tape.

Mrs. Hoffman indicated that she had the feeling that the personnel were enjoying the presentations. She also expressed the feeling that the one-half hour segments and one-half hour conferences were very good as personnel could view and be at the conference for short periods of time rather than the entire hour. She also indicated that personnel as well as herself felt that they

Division Supervisor

School Administrator

were getting a lot out of the program. She explained that up to five personnel at a time were in attendance at the presentations and that this was not detrimental to her work and to their instruction. She also indicated that she does participate and sit in during the group conference and does not feel that her presence has been a detriment to the discussion.

2. Reactions to Instruction in the Janitorial Housekeeping Area:

Mr. Schrimpf felt that the single tapes have been too long (one hour tape). Each module has been on a slightly different format. He also stated that the personnel have done well on their tests. Mr. Diener explained that he has scheduled the showing just before the discussion with the instructor was being held. He expressed the concern that there was some difficulty with relating the information contained in the module with the duties that his personnel performed. He also indicated that most of the criticism that has been given by the personnel has been in the form of constructive criticism. He felt that there has been little trouble with the attitude and the information presented. He indicated also that up to nine persons had been viewing the module at a time and this seemed to cause no problems with the instruction. He indicated also that the personnel had no difficulty in operating the video equipment, monitor, etc. He does sit in on the conferences held between instructor and the personnel and feels that the staff members have not been inhibited. He stated that in his opinion the conference is an important part of the program.

3. Reactions to Instruction in the Health Services Area:

Mr. Gruber spoke for Mrs. Jensen who was not present. He stated that in his discussions with her, the instruction seems to be working out quite well. One aspect that has been a concern is that of the audio recorder. The difficulty has been that it did not pick up the sounds of persons within the conference group, and Mrs. Jensen's recommendation was that this be eliminated. The feedback on the conferences, however, has been good for those that have attended in the first two sessions. She also felt that the conference helped both the staff members and herself as the instructor.

Mrs. Van Loon expressed concern at the small number of persons in attendance at the staff conferences which at the last conference ended up with zero. In the discussion that followed, it was brought out that the conference would be or could be beneficial but because of work schedules and numbers of personnel, personnel could not be freed for attendance. It was thought that some other type of conference schedule or arrangement would be beneficial. Her feelings about the entire instructional program to this point is that it has been very beneficial even though personnel have not been able to attend the conference. She indicated that personnel discussed contents of the module with others as well as herself. In discussing this further, the group made the suggestion to the Health Services Supervisor and instructor that the instructor should attempt to rotate to the various wards and have discussions with personnel on each of the wards. In doing this, even for short periods of time, the instructor will gain a better rapport with personnel and be able to obtain from them questions and reactions that would help her in the future in preparing modules and in openly discussing reactions to the modules and to how the instruction can be utilized within the ward. Also because of this difficulty, the suggestion was made to have the nursing services personnel write down their questions and hand them to the supervisor who could then forward them to the instructor before coming to the facility. In this way, the instructor could make a videotape of the answers which could be played during the ward meeting with the supervisor and personnel or could make written reactions or explanations and answers to the questions.

4. Are the Employees Benefiting?

This question was posed by Mr. Van Der Male, and the following are the reactions given by various personnel along with other comments:

Mrs. Hoffman feels that the employees are benefiting greatly because new techniques are shown which are then being used by employees. The question was then raised, is there a resistance to using the new techniques for which the answer was no.

Mr. Diener felt that the communications information has helped in his department as he now sees that personnel are not afraid to talk to each other. He, at this point, has had some difficulty in evaluating the second tape.

Mrs. Van Loon would also like more tapes completed before she would venture to give her opinion. She does, however, feel that the technique is the best way to get the information to the wards. She has had some difficulty with the level because of the various experience and background levels of personnel within this division.

Another question was then posed--Have the modules been at the level of expectation for which the answer was the module was at the level of expectation of the supervisor. This indicates that the instructors and supervisors have been getting together and that the communcation has been interpreted similarly by both the instructor and supervisor.

5. Suggestion on Meeting the Needs of Patients:

Mr. Van Der Male asked the question as to whether there was a need or possibility for some inservice modules in the area of decision making and policies. After discussion on this, it seems that for each institution the levels of decision making, the types of decision making, and types of policies would be different and it would be, therefore, very difficult to make modules which would work. Mrs. Hoffman indicated that it would have to be too specific for this type of general inservice program. The conclusion arrived at is that this type of instruction can probably best be handled within each institution. It was suggested that an institution such as the Comprehensive Health Care Center might work with LTI personnel to have a module produced that would have in it the chain of the command, general responsibility, etc., for the various supervisors.

6. Do Supervisors Feel Threatened by the Program Because of the Instructor?

Mrs. Van Loon indicated that she did not feel a threat. In fact, she said that she had a better feeling because she does not try to hide what she doesn't know. Mr. Diener also expressed no fear, and Mrs. Hoffman concurred.

7. Do Supervisors Feel that Too Much of Their Time is Being Used in the Program?

Mrs. Hoffman said no because one of her important duties is that of upgrading personnel and felt that this time spent was very important. Mr. Diener expressed the same feeling, and Mrs. Van Loon expressed a similar feeling. In addition, she doesn't feel that she has been able to give it all the attention that it should have.

8. Do Supervisors Feel that Confrontations are Brought Out Because of Information and Techniques Differ than that Presently Used?

Mrs. Hoffman replied no. Mr. Diener replied that he didn't feel that he is losing control. In fact, this makes the supervisor's job easier. Mrs. Van Loon also concurred in this.

9. Summary

1. Concern About Equipment

During the meeting, there was no concern expressed for the operation of the equipment. All of the personnel seemed to be able to operate the equipment and there has been little equipment failure and what there has been has been rectified very rapidly.

2. Concern About Feedback Form

There was some concern because of the questions and because of discussion, the suggestion has been to include a section on questions and to include a section on what have you learned that is new or that has been worth the effort.

3. Concern About Conferences

It is felt that the conferences were an integral part of the total and were very beneficial in establishing rapport between staff members and instructors. It is also important to provide for the followup necessary for the instructors in producing additional modules and in discussing problems. It was also suggested that the tape recording of the conference has not been beneficial, that the technical problems and the time necessary to find the answers to specific problems was not warranted. The suggestion here was that it would be better to have a written record of specific questions and to eliminate further tape recordings of the conference.

The supervisors and instructors adjourned into separate groups to discuss the individual problems, concerns and modules at 11:05.

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Appendix I

LAKESHORE Technical Institute

Frederick J. Nierode
District Director

LAKESHORE VOCATIONAL, TECHNICAL AND ADULT EDUCATION DISTRICT

1290 NORTH AVENUE PHONE (414) 693-8211
CLEVELAND, WISCONSIN - 53015

July 8, 1976

Dear

It has been a long time since the November 6, 1975 meeting of the Ad Hoc Committee on Inservice Continuing Education for Nursing Homes and Hospitals; however, considerable progress has been made since that fateful day in defining a practical methodology of producing, delivering, and evaluating a modularized system of refresher and continuing education for the employees of nursing homes and hospitals.

In the interim, we have had the opportunity to begin and complete a pilot project utilizing the video-cassette lesson module approach delivered on a sustained basis to 100 employees of the Sheboygan County Comprehensive Center. Encompassing a span of five months, the Lakeshore Technical Institute delivered 13 instructional modules involving an instructor visitation, a one-hour video-cassette presentation, lesson guides with behavioral objectives, and pre- and post-test materials.

Instructors in three major fields--Dietary, Housekeeping-Maintenance, and Nursing--were utilized to deliver instructional lessons to 12 dietary, 14 housekeeping, and 74 nursing personnel. In addition, other resource instructors were brought in on specific subjects; i.e., a general education instructor for "Communications," an occupational therapist for "Activities for the Elderly."

The project will be completed this July, and we would like to report to you on the project and its implications.

We will also report the sad news that our Federal Funds Grant proposal was turned down. We have, however, received a modest budget from the Lakeshore Technical Institute to continue providing this educational service on a limited basis to other institutions in our district. Due to the budgetary constraints, we plan to service a maximum of four or five institutions during the 75-76 school year. In addition, the cost of the leasing or purchase of the video-cassette playback unit will, of necessity, be borne by the institution serviced. To this end, we would like to present the project report and detailed plans for next year's operations at the next meeting of the advisory committee.

The advisory committee will meet in Room A-207 (our previous meeting place) at the Lakeshore Technical Institute Cleveland Campus on Wednesday, July 28, at 2:00 p.m. Please come!

In the meantime, please review the following tentative plans so that we might discuss them at the meeting:

We plan arrangements to provide the courses in smaller units that could be added together to provide a discrete number of lessons desired by any one institution. The courses presented during the project were designed for the Dietary Department, Housekeeping Department, and Nursing Department. Each course consisted of five video lesson modules of approximately 50 minutes' duration and five one-hour visitations by the instructor. The students were charged a $5 course fee for the entire course.

Since then our course fees have been modified so that a similar course of ten lessons (five video lesson modules with five teacher visitations) will have a course fee of $3.70 per student. We will also offer the course in smaller units (three video lesson modules plus three teacher visitations) at a cost of $3 per student per course. This will permit a greater flexibility in course combinations for individual institutional needs--for example, 3-, 5-, 10-, 12-, and 20-lesson combinations.

For any one course, a minimum of 12 students must be enrolled. Institutions acting as a consortium, applying for the courses, may pool their students to reach the 12-student minimum. For example, if Institution X and Institution Y enroll six students each for the N.H. and H. Inservice course designed for the Dietary Department personnel, the same video lesson would be prepared for each of the two institutions; and each institution would have the use of it for a month, but the instructor would make a separate visitation to each institution to meet with the students there.

Institutions would be expected to enroll all of their employees in the department for the appropriate course. For example, if the Housekeeping Department has 15 employees, all 15 should be enrolled, not the minimum of 12.

Behavioral objective outlines, pre- and post-test material, as well as other pass-out material, will be provided to each student enrolled.

The current price for a video-cassette playback unit with a 12" TV monitor is $1,600. This price is current and will probably increase in the months ahead.

Institutions signing up for any one of the courses will have the opportunity to dialogue with the instructor of the course prior to ~~its inception.~~ This will provide the instructor with an opportunity to determine what subject material is desired in making the video lesson module choices.

Again, we look forward to seeing you on July 28 and answering questions that you might raise at that time.

Sincerely yours,

George J. Gruber
Health Occupations Supervisor

GJG:dag

Appendix J

Hospital and Homes Interested in Inservice Education Provided by LTI

1. Willowdale Nursing Home
   New Holstein, WI
2. Sheboygan County Comp. Health Center
   Sehboygan Falls, WI
3. Morning Side Nursing Home
   Sheboygan, Wi
4. Holy Family Convent
   Manitowoc, WI
5. Heritage Nursing Center
   Sheboygan, WI
6. Schultz Nursing Home
   Sheboygan, Wi
7. St. Nicholas Hospital
   Sheboygan, WI
8. Maple Crest Home
   Manitowoc, WI
9. Meadow View Manor Nursing Home
   Sheboygan, WI
10. Beechwood Rest Home, Inc.
    Kewaskum, Wi
11. Calumet Memorial Hosp.
    Chilton, Wi
12. Calumet Homestead
    New Holstein, Wi
13. Holy Family Hospital
    Manitowoc, Wi
14. Park Lawn Nursing Home
    Manitowoc, Wi
15. Sheboygan Memorial Hospital
    Sheboygan, Wi
16. St. Mary's Nursing Home
    Manitowoc, Wi

Appendix K

LAKESHORE Technical Institute

Frederick J. Nierode
District Director

LAKESHORE VOCATIONAL, TECHNICAL AND ADULT EDUCATION DISTRICT
1290 NORTH AVENUE PHONE (414) 693-8211
CLEVELAND, WISCONSIN - 53015

December 2, 1975

Ms. Helen Scheve
Vocational Education Consultant
Home Economics Education
Wisconsin State Board of VTAE
Hill Farms State Office Building
Seventh Floor
4802 Sheboygan Avenue
Madison, WI 53702

Dear Ms. Scheve:

The VTAE State Board Staff Research Project Review Committee has asked Lakeshore Technical Institute to make arrangements with you for consultation and review of its pilot project for "Development of a Mode Systematic Trilateral Approach to Provide Continuing Education for Nursing Homes and Small Hospitals in the VTAE District Eleven."

The pilot project is to be initiated in late January of 1976 with the Sheboygan Comprehensive Health Center as the site of the project. Three Lakeshore Technical Institute instructors specialized in the areas of nursing, dietary, and housekeeping services will each prepare five lesson modules and make monthly visitations to the Center from February to June of 1976. A total of 100 employees from the Comprehensive Health Center will be enrolled in the project course.

To provide you with additional background on the project, I am enclosing a copy of the project proposal. In addition, the minutes of the Inservice Education AD HOC Committee are submitted for your perusal.

Please feel free to send me your questions and suggestions as this project condenses and progresses. We shall, of course, mail you a copy of the final report in July.

Sincerely yours,

George J. Gruber
Health Occupations Supervisor

GJG:dag

Enclosure

LAKESHORE Technical Institute

Frederick J. Nierode
District Director

LAKESHORE VOCATIONAL, TECHNICAL AND ADULT EDUCATION DISTRICT

1290 NORTH AVENUE PHONE (414) 693-8211
CLEVELAND, WISCONSIN - 53015

December 2, 1975

Dr. Camilla Schloemer
Vocational Education Consultant
Health Occupations Education
Wisconsin State Board of VTAE
Hill Farms State Office Building
Seventh Floor
4802 Sheboygan Avenue
Madison, WI 53702

Dear Dr. Schloemer:

The VTAE State Board Staff Research Project Review Committee has asked Lakeshore Technical Institute to make arrangements with you for consultation and review of its pilot project for "Development of a Mode Systematic Trilateral Approach to Provide Continuing Education for Nursing Homes and Small Hospitals in the VTAE District Eleven."

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George J. Gruber
Health Occupations Supervisor

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Enclosure

LAKESHORE Technical Institute

Frederick J. Nierode
District Director

LAKESHORE VOCATIONAL, TECHNICAL AND ADULT EDUCATION DISTRICT

1290 NORTH AVENUE PHONE (414) 693-8211
CLEVELAND, WISCONSIN - 53015

December 2, 1975

Mr. Robert Kornell
One West Wilson
Madison, WI 53703

Dear Mr. Wilson:

The VTAE State Board Staff Research Project Review Committee has asked Lakeshore Technical Institute to make arrangements with you for consultation and review of its pilot project for "Development of a Mode Systematic Trilateral Approach to Provide Continuing Education for Nursing Homes and Small Hospitals in the VTAE District Eleven."

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Sincerely yours,

George J. Gruber
Health Occupations Supervisor

GJG:dag

Enclosure

cc: Mr. Schrader
Ms. Pontar
Mr. Zimmerman

CE 010 239